

METROPOLITAN TRANSPORTATION COMMISSION

San Francisco Bay Area Older Adults Transportation Study

Final Report

December 2002



 **nelson\nygaard**
consulting associates
833 Market Street, Suite 900
San Francisco, CA 94103

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Executive Summary

The Older Adults Transportation Study is an effort by the Metropolitan Transportation Commission (MTC) to identify ways that it can help maintain and improve the mobility of older adults in the San Francisco Bay Area. Information to guide this process has been gathered by means of:

- Five workshops held in April and May 2002 at locations around the Bay Area.
- Meetings with a Working Group composed of representatives of commissions on aging, senior organizations, and transit agencies from throughout the region.
- Review of results of the extensive research and planning activities conducted by national organizations, other regional planning agencies, and local jurisdictions within the Bay Area.
- Analysis of regional and local data on senior population location and growth, public transportation services, and driving by seniors.

Based the results of these activities, this document identifies:

- The barriers that limit the mobility of older adults, and particularly those barriers that prevent older adults from taking full advantage of public transportation services and other alternatives to driving.
- Actions to address the barriers that can be taken by all types of organizations and jurisdictions, including cities, counties, transit agencies, community organizations, state and federal agencies, and private citizens.
- How MTC, as a regional planning agency, can support and advance efforts by these other entities.

Problem Definition

Not only is the size of the senior population expected to grow rapidly, the most rapid growth is expected to occur in the oldest age groups, which have the most severe mobility problems. Further, much of the growth will occur in places that are poorly served by public transportation. Even in places where transit service is good, many seniors do not use it because they have little familiarity with transit and are used to relying on personal automobiles as the most convenient mode of travel. As a result, there are likely to be more and more older adults who find themselves unable to travel by their accustomed methods, for whom alternative means of travel are either unfamiliar or unavailable. At the national and state levels, a lot of attention has gone into programs related to driving by seniors, such as making the automobile-highway system safer for senior drivers and helping seniors to recognize when and how to restrict driving. However, the growing need for alternatives to driving will remain and will require action primarily at the local and regional level.

Population and Travel Trends

The number of people age 65 or older in the Bay Area will increase by 84% between 2000 and 2020. The number of people age 85 or older, the group with the most severe mobility problems, will grow by 108%. The needs of this oldest group can be seen from data about drivers' licenses and ability to use transit. Regionally, 11% of men and 30% of women age 65 to 74 do not have a valid driver's license. For those age 85 and older, this percentage increases to 45% for men and 78% for women. Ability to use transit also declines with age. Based on national survey data, 7% of people age 69 to 74 are prevented or limited from using transit by an impairment or health problem. For the 85 and older group, this percentage rises to 35%. In the case of seniors who can no longer driver due an impairment or health condition, fully 55% are also limited or prevented from using transit.

Since the number of seniors, especially in the oldest age group, will grow rapidly, and since so many of those people cannot use transit, there will also be a rapid increase in the number of people who are eligible for paratransit services required by the Americans with Disabilities Act (ADA). Based on population increase alone, the number of people certified as eligible for ADA paratransit in the Bay Area is expected to grow from about 98,000 in 2000 to over 160,000 in 2020. Improvements in paratransit service required by Federal law and increasing mobility by people with disabilities in general will probably cause even greater growth in ADA paratransit use.

The number of seniors will grow throughout the region. While all counties will see significant increases, the most rapid growth will occur in the more outlying counties. Unfortunately, these are also the areas with the most limited transit services. Based on an analysis of transit service levels by MTC, 65% of the expected growth in the senior population over the next 25 years will occur in places that now have no transit service or only basic levels of transit service. If all of the transit improvements in MTC's Regional Transportation Plan are implemented, then 51% of the growth will be in places that will still have no transit service or only basic levels of transit service.

A Regional Mobility Strategy

During April and May, workshops were held in Vallejo, San Francisco, San Jose, Oakland, and Novato. These workshops were attended by 132 people representing community organizations, city and county agencies that serve older adults, legislators, transit agencies, and advocacy organizations. The participants described how the organizations and jurisdictions they represent already provide extensive services intended to maintain mobility by older people, and how they are already developing plans, implementing new services, and modifying existing services. Participants suggested numerous further actions to address mobility concerns that can be taken by all types of jurisdictions and organizations.

Based on the results of the workshops and further guidance from the Working Group, a Regional Strategy for Senior Mobility has been developed that addresses:

- Funding
- Advocacy, awareness, and planning
- Transit service
- Paratransit and supplemental transportation
- Walking (including wheelchair access) and bicycling
- Medical transportation
- Driving
- Development and design

Within each topic area, the barriers to mobility are presented, followed by:

- Actions that can be taken to address those barriers.
- The entities that would be involved in implementing those actions. These entities include transit agencies, cities, counties, community organizations, advocacy organizations, and state and federal agencies.
- Things that MTC can do to promote or support the actions.

In presenting actions for entities other than MTC, the plan recognizes that it cannot commit these other entities to action. Moreover, appropriate actions will be different in each area and for each organization depending on local priorities, resources, development patterns, institutional arrangements, and many other factors. The actions presented in this plan are not intended as requirements but as a toolkit that can be applied as needed and appropriate in each area. It is hoped that a wide range of jurisdictions and organizations will endorse the plan as a framework within which they can support the overall regional goal of senior mobility by taking those steps that fit their missions and circumstances.

Specific actions in the regional strategy include:

Funding Actions	Organizations
• Seek increased federal transit funding, including the Section 5310 (elderly and disabled), 5311 (rural), and 5307 (urbanized area formula) programs.	Transit operators and MTC
• Involve local businesses in providing and funding services through sponsored trips, shuttle services, ticket validation, etc.	Transit operators, cities, and counties.
• When economic and fiscal conditions are favorable, seek additional state and local funding for all aspects of senior mobility.	Transit operators, MTC, cities, counties, advocacy organizations

San Francisco Bay Area Older Adults Transportation Study

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Advocacy, Awareness, and Planning Actions	Organizations
Identify specific local needs and priorities and develop plans to address them.	Transit agencies, cities, and county agencies on aging.
Create mechanisms to assure continuing, coordinated attention to senior mobility issues.	Transit agencies, cities, and county agencies on aging with participation by community organizations.
Include cultural and linguistic minorities in planning efforts.	Community organizations that work with cultural and linguistic minorities.

Transit Actions	Organizations
<ul style="list-style-type: none"> • Adopt design features that help seniors, such as improved lighting, simplified presentation of information, placement of stops and information, and ergonomic seating designed for older riders. • Partner with senior organizations to familiarize seniors with transit service using measures such as field trips, bus buddies and escorts, joint promotions with merchants, etc. • Address the needs of seniors in service planning. This may take the form of special senior planning efforts as well as addressing senior concerns in on-going transit service planning. • Ensure that seniors are represented on key transit agency advisory committees and senior issues are on their agendas. 	Transit agencies
Help seniors who are beginning to have trouble driving learn about transit service.	Transit agencies, DMV, CSAA, AARP, and community organizations.
Develop senior-friendly community bus services and shuttles. These may include demand responsive services such as flex-routes, and “service routes” that provide a higher level of personalized assistance.	Transit agencies, cities, counties, and community organizations.
Establish liaisons between transit agencies and Councils on Aging.	Cities and counties.

Paratransit and Supplemental Transportation Actions	Lead Organizations
<ul style="list-style-type: none"> • Develop escort programs to help frail seniors ride ADA paratransit without driver assistance. • Provide fare assistance for ADA paratransit to seniors with the most limited resources. • Enhance coordination among ADA paratransit services to facilitate inter-operator travel. • Expand and create new community-based programs - including those using volunteers - that provide personalized services and fill gaps not served by ADA paratransit. • Encourage organizations that begin new services to work within established provider frameworks. • Expand and create new taxi subsidy programs. • Increase the supply of accessible taxicabs. • Facilitate inter-city taxi travel by means of changes to regulations or public contracting for taxi-based services. • Develop coordinated information sources and make them widely available to people working with seniors. 	Transit agencies, cities, counties, and community organizations.
Experiment with programs that provide unsubsidized alternative services for seniors who can afford them.	Private companies and community organizations

Walking and Bicycling Actions*	Organizations
<ul style="list-style-type: none"> • Incorporate design guidelines to accommodate older pedestrians in road and intersection design. (FHWA has published such guidelines and Caltrans is currently developing them.) • Implement measures that favor older pedestrian safety such as pedestrian activated longer crossing signals, audible crossing signals, countdown signals, regular repainting of crosswalks. • Incorporate senior safety and transit access issues in prioritizing and designing local street and intersection improvements. 	Cities, counties, Caltrans, UC Traffic Safety Center
<ul style="list-style-type: none"> • Develop comprehensive pedestrian safety plans • Enforce parking and traffic laws that affect pedestrian safety. • Incorporate senior mobility concerns in bicycle planning. 	Cities and counties
Include older pedestrian issues in driver education.	DMV, CSAA
Work with healthcare providers, including county programs, to incorporate maintaining the ability to walk to transit stops as an element of senior fitness programs.	Transit providers and healthcare providers

* Including wheelchair access.

Medical Transportation Actions	Organizations
<ul style="list-style-type: none"> • Support expanded transportation coverage within Medicare (e.g., for dialysis, cancer treatment, hospital discharge). • Develop coordinated transportation services within those parts of Medi-Cal that do allow for flexibility, especially programs that help avoid institutionalization. 	Transit agencies, adult day service agencies, State Departments of Aging and Health Services

Driving Actions	Organizations
Educate seniors about safe driving and driving limitation.	DMV, AARP, CSAA
Incorporate awareness of older drivers in driver education.	DMV, CSAA
Incorporate senior-friendly design guidelines in road and intersection design.	Caltrans, UC Traffic Safety Center, counties, and cities.
Incorporate features for senior drivers in vehicle designs.	Auto manufacturers, federal and state regulators, NHTSA.

Development and Design Actions	Organizations
<ul style="list-style-type: none"> • Incorporate senior mobility in regional land use planning guidelines 	ABAG
<ul style="list-style-type: none"> • Adopt planning and design guidelines for new residential and commercial developments (especially those created specifically for seniors) that provide pedestrian access and allow for convenient access to transit and paratransit. Include these issues in the design review process. • Implement requirements or fees for senior developments to support transportation services. 	Cities, counties
<ul style="list-style-type: none"> • Provide assistance to seniors in making home modifications to increase access to paratransit and other supplemental transportation programs. 	County agencies on aging and health, cities, community organizations.
<ul style="list-style-type: none"> • Educate seniors about how their location decisions will affect mobility when they can no longer drive. 	County agencies on aging, community organizations.

Recommendations for MTC

MTC, as a regional planning agency, can support and advance efforts by these other entities. MTC can:

- Develop, support or influence legislation at the state and federal levels.
- Seek or advocate for additional sources of funding.
- Conduct research about needs and coordinate with the research conducted by others.
- Collect and disseminate information about promising services and programs.
- Sponsor demonstrations in partnership with others.

- Incorporate senior mobility into existing MTC programs and planning efforts.
- Sponsor events to increase awareness of senior mobility issues and strategies.

As a regional planning organization, MTC's supportive actions are best directed towards efforts specific to funding, advocacy and planning; many of these actions are ongoing or long-term in nature. MTC can also support and recognize the efforts of transit agencies or other local programs providing services to seniors, and can take some practical, more immediate steps to advance the findings of this plan. Specific recommended actions are summarized below:

1. Funding Advocacy: Include senior mobility concerns in developing MTC's positions with respect to federal, state, and regional funding measures.

- As MTC accelerates its advocacy efforts for reauthorization of the Transportation Equity Act for the 21st Century (TEA-21), ensure that the Bay Area Congressional delegation is aware of the growing population of older adults, and the corresponding need for additional funding to assist persons when they can no longer drive.
- Based on the findings of this report, develop Fact Sheets or other advocacy tools that can be used to document the growing transportation needs of the elderly and others with mobility impairments. Support statewide, regional or local funding measures that would designate funds for this purpose.

2. Legislative Advocacy: Identify senior mobility as a priority issue to be tracked in MTC's legislative program.

- Legislative concerns, in addition to transportation authorizations, may include changes to the Older Americans Act, Medicare, and Medicaid. Specific issues may include funding, requirements for transportation within aging-related programs, and further steps to enable coordination. As part of this, analyze positions taken by organizations that advocate specifically for seniors to determine areas of common interest.
- Work with CalACT to track proposals for changes to state laws and regulations that may impact senior mobility. Potential areas of concern include drug testing requirements for volunteer drivers, tax treatment of volunteer mileage, and volunteer liability, and treatment of senior and disabled discounted transit fares in state farebox recovery rules.
- Track evolving policy issues at the national and state level that will impact options for senior mobility, including proposals for modifying Medicare and long-term care.

3. Planning: Advance the agency's understanding of this topic through relevant planning efforts

- Adopt policy/vision statements as part of the Regional Transportation Plan (RTP) when it is next updated in 2004. The RTP can recognize the growing need to

address mobility for older people, define the specific nature of the need that distinguishes it from other concerns, and set a goal of maintaining safe mobility for older drivers, pedestrians, transit users, and people who can no longer drive due to age-related conditions.

- Using available regional travel data, continue to conduct analyses of senior travel patterns within the Bay Area to help guide local planning efforts and identify critical needs for inter-operator coordination. Identify senior mobility concerns relevant to the design of future regional travel surveys.
- Publish a toolkit with information about successful efforts to promote senior mobility with examples from the Bay Area and elsewhere. The toolkit would focus on efforts that can be implemented by local agencies and organizations in the Bay Area. Topics may include:
 - Improved availability and distribution of information about transportation services for older adults.
 - Programs to help seniors become comfortable with using transit and use it effectively.
 - City-operated supplemental transportation, such as shuttle services and taxi subsidies.
 - Volunteer ride programs that demonstrate ways to keep volunteers involved and address concerns such as liability.
 - Transportation services sponsored by homeowners associations, merchants, hospitals, or other businesses.
 - Paratransit fare assistance programs.
 - Paratransit escort programs.
 - Programs to assist making modifications of residences to permit access to transportation.
 - Local ordinances or guidelines that prioritize safety improvements that will help seniors.
 - Local ordinances or planning processes intended to incorporate senior mobility concerns in determining how new developments, facilities, and services are located and designed.
 - Changes to taxi regulations to facilitate travel between jurisdictions and increase the supply of accessible services.
- Hold a significant public event similar to Mobility Matters approximately once every two years, and update the plan to reflect progress on implementation efforts.

4. Coordination: Develop and build upon partnerships to jointly plan for and implement service improvements.

- Actively participate in the development of the California Commission on Aging's recommendations specific to transportation for submittal to the Department on Aging's Long Range Strategic Plan for Aging.
- Seek out and build upon opportunities to partner with social service agencies or non-profit organizations to promote collaborative planning, development of policies, legislative strategies, funding advocacy, etc.
- Participate in the state planning process for implementing the Olmstead Decision, and continue discussions with adult day service providers, the state Department of Aging, and the state Department of Health Services to implement a demonstration of non-medical transportation under the Home and Community-Based Services waiver program.
- Within MTC, coordinate efforts regarding pedestrian and traffic safety issues. Bring plans and projects related to pedestrian and traffic safety to the attention of EDAC on a regular basis and encourage continued participation by senior advocates. Encourage EDAC to provide guidance on senior mobility issues in general as articulated in this plan.
- Continue to facilitate the development of inter-operator coordination mechanisms for ADA paratransit.
- Communicate the findings of the Older Adults Transportation Study with partner agencies, including Bay Area transit agencies, cities and counties, Congestion Management Agencies (CMAs), etc. Present key findings to interested groups such as the Bay Area Partnership, Partnership Transit Coordination Committee (PTCC), etc.
- Within MTC's Transportation for Livable Communities program, encourage applications for projects that improve the ability of seniors to maintain mobility when they can no longer drive.
- Following completion of the Toolkit (Planning recommendation No. 3), partner with others on further research on promising concepts, as well as demonstrations that can lead to permanent implementation of promising concepts from the toolkit.

Chapter 1. Introduction

As people age they face unique challenges in getting around in their communities. Helping older adults maintain this essential mobility has long been a major concern of transportation planners in the Bay Area and throughout the country. The challenges of maintaining senior mobility are expected to become even greater in the future. Not only is the size of the senior population expected to grow rapidly, the most rapid growth is expected to occur in the oldest age groups, which have the most severe mobility problems. Further, much of the growth will occur in places that are poorly served by public transportation. Even in places where transit service is good, many seniors do not use it because they have little familiarity with transit and are used to relying on personal automobiles as the most convenient mode of travel.

As a result, there are likely to be more and more older adults who find themselves unable to travel by their accustomed methods, for whom alternative means of travel are either unfamiliar or unavailable.

At the national level, a lot of attention has gone into programs related to driving by seniors, such as making the automobile-highway system safer for senior drivers and helping seniors to recognize when and how to restrict driving. These issues are receiving greater attention by state government as well. Improving the safety of driving for older people is undeniably important, not just for the federal and state government, but also for local governments as they build streets, intersections, sidewalks, and public facilities. However, the growing need for alternatives to driving will remain and will require action primarily at the local and regional level.

Recognizing these challenges, the Metropolitan Transportation Commission has undertaken this Older Adults Transportation Study. The study has included:

- A review of plans and research already conducted or underway throughout the Bay Area.
- A review of national, state, and regional data that clarify how the older population and its mobility needs are changing.
- Extensive consultation with public agencies, community organizations, advocates, and others with an interest in aging issues and transportation.

Based on these activities, this report:

- **Presents data** about how the older population in the Bay Area is expected to grow, where that growth will occur, and the number of people who will need alternatives to existing transit services.
- **Identifies barriers** that limit the mobility of older adults. These barriers concern the full spectrum of ways that seniors travel locally including conventional public transportation, specialized services such as paratransit, supplemental services provided by cities and community organizations, and walking (including travel by

wheelchair). Barriers have also been identified that pertain to driving and getting rides in private vehicles, the design and location of places where seniors live and obtain services, and funding.

- **Proposes actions** to address the barriers to mobility. Actions have been proposed that can be implemented by transit agencies, cities, counties, community organizations, state and federal agencies, and private citizens. The actions include creating new services, improving new services, changes to laws and regulations, research and planning, advocacy and education.
- **Provides recommendations** for steps that MTC can take to support and advance efforts to improve mobility for older adults, such as: supporting changes to laws and regulations, seeking and advocating new and additional funding, conducting research and planning, sponsoring demonstrations, and building awareness of senior mobility issues and support for measures to address them.

Outline of the Report

Chapter 2: A brief review of some of the research now underway or recently completed at the national level and in some other metropolitan areas. Efforts by local agencies within the Bay Area are also briefly described.

Chapter 3: An analysis of trends in the Bay Area, including the size of the older population, where older people will live compared to the availability of transit service, the number of people who are no longer able to drive, and the number of people expected to need ADA paratransit services.

Chapter 4: A description of the public participation process undertaken for this study, including highlights of the barriers that participants identified and principles that they proposed for developing strategies to address the barriers.

Chapter 5: A regional strategy for senior mobility. A detailed description of barriers to mobility is provided, actions that can be implemented by governments and organizations at all levels, and recommendations for MTC.

Chapter 2. Review of Research and Plans

National Trends in Aging and Mobility

Population Growth

Rapid growth in the senior population is a widely discussed phenomenon, often focusing on the aging of the baby boom. For the next ten years, the most dramatic growth in the older population will occur within the oldest group, those age 85 and older (Table 2-4). This is also the group that tends to have the greatest need for alternatives to driving. These are people who are now in the 75 to 84 age range. The impact of the baby boom will start to be felt beginning in 2010, as the first wave of baby boomers turns 65. At that time, the size of the 65-74 age group will begin to skyrocket. This trend may not have a dramatic impact on the need for alternative modes of transportation. However, continued high growth in the 85+ group and accelerating growth in the 75-84 group will place strains on the system.

**Table 2-1 Projected Growth in the Senior Population
(Thousands)**

	2000	2010	Increase	2020	Increase
65-74	18,188	20,954	15%	31,462	50%
75-84	12,335	12,975	5%	15,508	20%
85+	4,312	5,786	34%	6,763	17%
Total 65+	34,835	39,715	14%	53,733	35%

Source: U.S. Bureau of the Census, *(NP-D1-A) Projections of the Resident Population by Age, Sex, Race, and Hispanic Origin: 1999 to 2100*, January 13, 2000.

Growth outside of Central Cities

More and more seniors live outside of central cities where transit services work best. From 1990 to 2000 the senior population (age 65 and older) in metropolitan areas but outside of central cities (i.e., in suburban areas) grew by 27%, while it was essentially unchanged in central cities and outside of metropolitan areas (Table 2-2). Looking at the population age 85 and older, the group that has the greatest need for alternative transportation, the trend is even more pronounced.

Table 2-2 Senior Population Growth in and out of Metropolitan Areas

	In Central Cities		In Metropolitan Areas Outside Central Cities		Outside Metropolitan Areas	
	65 +	85+	65+	85+	65+	85+
1990	9,647	1,026	13,357	1,207	8,238	847
2000	9,856	1,282	17,002	1,936	8,134	1,022
Percent Change	<1%	25%	27%	60%	-1%	21%

Sources: U.S. Bureau of the Census, *Profiles of General Demographic Characteristics, 2000* and *1990 Census of Population, General Population Characteristics, Metropolitan Areas*.

Methods of Travel

Most seniors travel by personal automobile, either as a driver or a passenger (Table 2-3). In this they are similar to the rest of the population. As people age, they drive less and ride as a passenger more. At all ages, transit accounts for only a few percent of all trips.

Table 2-3 Percentage of Trips by Each Mode by Age

Age	Personal Vehicle			Public Transit	Taxi	Walk	Bike	Other Modes
	Total	Driver	Passenger					
65-69	90.1	71.5	18.6	1.7	0.2	4.5	0.2	3.4
70-74	89.4	67.6	21.8	1.5	0.2	5.5	0.2	3.2
75-79	88.4	63.3	25.1	2.1	0.3	5.9	*	3.4
80-84	89.0	57.6	31.4	1.6	0.2	5.3	0.3	3.6
85+	81.5	49.3	32.2	2.3	0.9	11.0	0.0	4.4

* = Less than 0.1%

Source: 1995 Nationwide Personal Transportation Study (NPTS), tabulated in Maricopa Association of Governments, *Regional Action Plan on Aging and Mobility*, March 2002.

Use of transit is most significant in urban areas (Table 2-4). In urban areas, not including suburbs, transit, walking, and bicycling account for about 22% of older adult trips. In suburban and rural areas, 94% to 95% of trips by older adults are made by personal automobile, and most of the rest are made by walking.

Table 2-4 Percentage of Older Adult Trips by Mode and Type of Area

Transportation Mode	Urban	Suburban	Rural
Automobile	77.3%	93.7%	94.8%
Driver	54.9%	71.7%	68.1%
Passenger	22.4%	22%	26.7%
Public Transportation	8.5%	.9%	.3%
Walking/Bicycling	13.3%	4.6%	4.6%
Other	.9%	.9%	.3%

Source: 1995 National Personal Transportation Survey (NPTS) as presented in S. Rosenbloom, 1999. *The Mobility of the Elderly: There's Good News and Bad News*, presented at the *Transportation in an Aging Society: A Decade of Experience Conference*, NIH Bethesda, MD, November 1999.

Trends and Attitudes about Driving¹

The majority of seniors see driving as crucial to being able to lead an independent and fulfilling life. Older drivers facing the prospect of reducing or terminating their driving expect substantially reduced mobility with undesirable consequences. These include loss of personal independence, social isolation, and a reduction or lack of access to essential services. The point at which older people voluntarily give up or are forced to relinquish their driving privileges is viewed by elders and those around them as a watershed event with significant implications regarding independence, self-sufficiency, and social responsibilities.

Most elders believe that they will know when they should stop driving, yet most elders know peers whose driving they consider to be so unsafe that they will not accept rides from those peers. When faced with the difficult transition from driving to not driving, most families struggle alone. Studies have reported that most families have never discussed driving issues with anyone, and most families can not think of any place to obtain information or advice, except perhaps from a senior center. There is a widespread interest in, and need for, such resources.

Owning an auto is expensive, especially if someone seldom drives or drives only short distances (as do many seniors), yet few elders understand how much mobility they could purchase for their car's annual cost.

The tendency of seniors to rely on personal autos as their primary means of transportation is increasing. Driving rates among people 60 years of age and above are increasing as shown in Table 2-5. The data show that people are continuing to drive later in life. The increases are most dramatic for women, who used to have much lower licensing rates than men. As today's near-seniors age, with their high rates of driving, the percentage of older women who drive will probably continue to increase.

¹ Except as otherwise indicated, material for this section is drawn from Burkardt et.al., *Mobility and Independence: Changes and Challenges for Older Drivers*, Ecosometrics, Inc. July 1998.

Table 2-5 Percentage of Drivers Among Older Age Groups,

MEN	60-64	65-69	70-74	75-79	80-84	85+
1983	93%	91%	79%	78%	65%	48%
1996	94%	93%	93%	89%	82%	69%
WOMEN	60-64	65-69	70-74	75-79	80-84	85+
1983	75%	62%	60%	38%	31%	12%
1996	84%	81%	75%	70%	52%	28%

Source: 1983 and 1995 Nationwide Passenger Transportation Survey, in Burkhardt, et.al.

Of course not all seniors with licenses actually drive. One study found that among men in the 85-and-over category, 72% held driver's licenses and 55% still drove.² The largest spread between license holders and individuals still driving was found among the oldest men. It seems that those older men want to "pretend" they can still drive – by continuing to have a license. A survey of adults age 75 and older conducted in 1997 by the American Association of Retired Persons (AARP)³ showed that many older adults who still drive limit their driving in various ways:

- 63% avoid driving at night.
- 51% avoid driving during rush hour.
- 33% avoid certain routes. Of these, 34% avoid roads with heavy traffic and 30% avoid interstate highways.

Disability

As people age they increasingly face limitations such as poorer vision, reduced stamina, joint problems, mental confusion, and other conditions that make it harder to get around. Most older adults in their 60s are healthy and have no physical or mental limitations that affect their mobility. In older age brackets, however, more and more people begin to have limitations that do affect mobility. Many of these people would be considered "disabled" by some definition.

There are many definitions of disability and a variety of estimates of the size of the population with various conditions that limit mobility. The U.S. Census 1997 Survey of Income and Program Participation included questions about disability based on use of mobility aids, difficulty performing functional activities (including walking and using stairs), difficulty with activities of daily living such as bathing and preparing meals, and presence

² Eberhard, J.W., "Safe Mobility for Senior Citizens," *Journal of International Association of Traffic and Safety Sciences*, Vol. 20, No. 1, 1998, pp. 29-37. (Cited in Burkhardt, et.al.)

³ Audrey Straight, *Community Transportation Survey*, AARP, 1997. The survey interviewed 710 respondents age 75 and older.

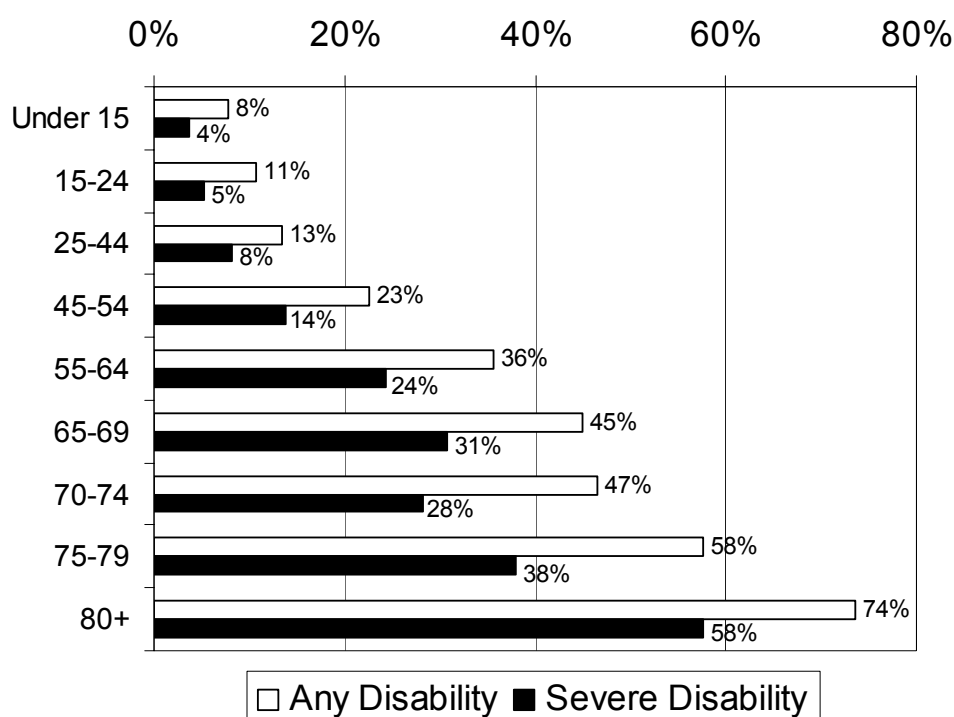
of mental, developmental, and emotional conditions. Individuals were considered to have a severe disability if they:

- Used a wheelchair, cane, crutches, or walker; or
- Had a mental or emotional condition that seriously interfered with everyday activities; or
- Received federal benefits based on an inability to work; or
- Were unable to perform or needed help to:
 - Perform functional activities (seeing, hearing, speaking, lifting/carrying, using stairs, walking, or grasping small objects); or
 - Perform activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting); or
 - Perform instrumental activities of daily living (going outside the home, keeping track of money and bills, preparing meals, doing light house-work, taking prescription medicines in the right amount at the right time, and using the telephone); or
 - Work around the house; or
 - (If age 16 to 67) work at a job or business.

A high percentage of those classified as severely disabled based on this definition would have great difficulty driving or using public transportation without assistance from another person.

As shown in Figure 2-1, the prevalence of disabilities increases steadily with age, but not until age 80 and over does a majority of the population have a severe disability.

Figure 2-1 Disability Prevalence by Age in the United States



Source: U.S. Census Survey of Income and Program Participation, 1997.

Ability to Use Alternatives to Driving

Some national data about ability to use transit are available. In 1994 the National Health Interview Survey included a Supplement on Aging; 9,447 people age 69 and older were asked questions about difficulty using public transportation (Table 2-6). Below the age of 74, only 7% reported that they were prevented from using transit by an impairment or health problem; another 1.5% used transit but experienced some difficulty due to a health problem. Between 75 and 84, the percentage prevented from using transit more than doubles to 15.2%, and in the 85 and over group, the percentage more than doubles again to 34.7%. The survey also sheds some light on the question of whether seniors who have stopped driving are still capable of using transit. Of respondents who had stopped driving due to an impairment or health problem, 54% could not use transit due to an impairment or health problem (people who said there was no transit service available were excluded from this calculation).

Table 2-6 Ability to Use Public Transportation

Age	Use Public Transportation		Don't Use Public Transportation		
	No reported difficulty	Experienced difficulty due to a health problem in the past 12 months	No reported limitation	Prevented or limited by an impairment or health problem	
69-74	18.5%	1.5%	73.0%	7.0%	100%
74-84	15.8%	1.7%	67.3%	15.2%	100%
85 +	7.7%	2.2%	55.4%	34.7%	100%

Source: Second Supplement on Aging, Version II, 1994, National Center for Health Statistics
(Excludes respondents for whom no transit service was available.)

The 1997 AARP survey of people age 75 and older asked respondents who did not drive (27% of the total) about preferences and abilities. The survey found that 67% of non-drivers usually got rides from family and friends, 14% used public transportation, 9% used senior vans, 5% walked, and 4% used taxis as their usual means of transportation. Forty-nine percent of non-drivers said they could not walk to a bus stop if they needed to. These people were asked what would make it possible for them to walk to a bus stop, with the following results:

Better sidewalks	24%
Routes not on bus streets	26%
Bus stop within 5 blocks of home	27%
Resting place along the way	32%
None of these	55%

Plans and Projects in the San Francisco Bay Area

Organizations throughout the Bay Area are already actively working on issues of mobility for older people. To provide a sense of this activity, this section summarizes a few recent efforts to plan for the mobility needs of seniors, and some innovative services that have been offered.

Alameda County Measure B Planning

In November 2000, Alameda County voters passed Measure B, which will provide funding for a variety of transportation projects over a 20-year period. A total of \$148 million is designated for special transportation for seniors and people with disabilities. Of this amount, \$80 million is specifically designated for ADA-mandated services provided by AC Transit and BART, while \$68 million is available for other services, which are the

subject of an on-going planning process. Of this last amount, \$48 million will go to individual cities which are conducting their own local planning processes to determine what kinds of services to provide. Typical city programs include taxi subsidies, paratransit that supplements the ADA service provided by BART and AC Transit, and meal delivery. The remaining \$20 million is designated for coordination and gaps in service and is the subject of an on-going planning process being coordinated by the Alameda County Transportation Improvement Authority.

San Mateo County Strategic Plan for Accessible Transportation Services (SPATS)

The San Mateo County Office of Aging and Adult Services received a grant from the California State Department of Aging to conduct a transportation needs assessment of the most underserved communities in San Mateo County, with an emphasis on seniors and people with disabilities. The purpose of the study is twofold – to conduct innovative outreach activities as part of the needs assessment, and to develop a strategic plan to address the barriers that have been identified. The plan is being developed as a joint project between the County and SamTrans, the transit agency.

In addition to the two previously mentioned groups, the study is also examining the transportation needs of those who face barriers due to language/cultural differences and those who are geographically isolated. The needs assessment included a well-attended Open House, over twenty focus groups conducted by agency representatives, stakeholder interviews, intercept surveys, the production of a video for screening on foreign language cable television, and solicitation of input through the print media. In addition, the consultant conducted an analysis of demographic trends in the county. The project will produce a Strategic Plan including improvements in transit service, expansion of educational efforts of seniors who are giving up driving, targeted educational campaigns to non-English speakers, the initiation of new shuttle and hybrid type services, and other means of addressing the gaps.

Santa Rosa “Seniors on the Go”

The City of Santa Rosa has developed a very successful senior marketing campaign called "Seniors on the Go" for its fixed route transit system. For a specific “free week,” free passes for seniors age 65 and older are distributed at participating stores and on the buses. At the end of the free week, the pass and a valid transfer from the free week can be used to enter a drawing for a \$50 gift certificate at the participating merchants. Partners in the program include Kaiser Permanente, South West Community Health Center, Oakmont Village Association, AARP, the Santa Rosa Senior Center, the Retired Persons Volunteer Program, and the Area Agency on Aging. This year Spanish language radio and television stations have been added as partners and there will be focus on reaching out to the Latino community. The program ran during October 2001 and will be repeated in October 2002. In 2001, elderly and disabled ridership increased by 60% during the week of the campaign. A "bus buddy" component is also part of the

program. The bus buddies will help first time transit users plan bus trips, and will go with them and share information and tips about riding the bus.

Napa County Programs

The Napa County Transportation Planning Agency (NCTPA) coordinates a team of Transit Ambassadors, volunteers who provide personalized orientation for new users of public transit. The transit volunteers help new riders learn how to read schedules, plan a trip, know where to catch the bus, how to pay the fare, how to use transfers, and use special features like lifts and kneelers. Seniors, youth, and people with disabilities are encouraged to use the program. NCTPA also provides a taxi scrip program that lets seniors and people with disabilities take taxi trips at a discount.

Community Transportation Needs Assessment and Options Study

Santa Clara Valley Transportation Authority (VTA) completed this study in October 2000. The study included a survey of 517 seniors and people with disabilities, seven focus groups, and interviews with stakeholders. Data from a 1998 VTA on-board survey were also included to compare responses from seniors and other riders. Key conclusions were:

- Seniors (age 65 and older) account for 3.7% of VTA ridership on weekdays and 6.2% on weekends. Most senior riders are retired or employed part time. Seniors' trip purposes are more varied than those of the general public, being less concentrated on work trips, although work is still the most common purpose (23% of senior on-board survey respondents).
- Seniors generally rate VTA better than passengers as a whole.
- Most seniors (91%) rely on their personal car for transportation on their most frequent trips and intend to do so for as long as they are able. Their most common concerns are driving at night and in heavy traffic. Few have given serious consideration to how they will travel when they are no longer able to drive.
- Of the transportation issues that were mentioned in the household survey, overall stress was rated as a very or somewhat serious problem by 45% of seniors, more than for any other issue.
- Seniors in North and Central County are willing to try transit if driving is not an option, but those in South County are much less receptive to transit because of the area's limited amount of service.
- A growing concern is transportation for seniors who are unable to use VTA or Outreach due to confusion, frailty, or language barriers. This need is closely related to programs to help seniors remain independent as long as possible.

Mobility Matters Conference

On May 2, 2000, the Metropolitan Transportation Commission (MTC) sponsored a conference entitled “Mobility Matters” as the first step toward an increased understanding that will lead to the development of an action plan for ensuring a lifetime mobility for Bay Area residents. The goals of the conference were to:

- Increase awareness of the changing demographics in the Bay Area and throughout the country which will dramatically increase the number and proportion of older adults in our communities over the next 20 years; and
- Improve the region’s ability to meet the mobility needs of older adults.

Conference participants were asked to help identify the most critical mobility issues facing older adults in the Bay Area. These issues were then refined in small group discussion later in the day. The three most critical mobility issues were:

- **Traditional fixed route services do not meet the needs of older adults.** Older adults need public transportation services that are more oriented around their needs. This includes a very critical need to coordinate services between operators, coordinate fare payment mechanisms and create uniform discounts, and to coordinate both transportation and other services.
- **Security, safety and comfort are concerns for older adults who use public transportation.** This includes personal security (security from crime) while riding, but also includes security and safety accessing transit, waiting for transit, and riding the bus. Physical comfort on-board the bus is another critical concern, including smoothness of ride, front facing seats and other accessibility features.
- **Older adults need assistance in understanding the transportation resources available to them, so they can better plan for a time when they will no longer be able to drive.** This includes providing information in formats that can be easily understood and accessed by seniors, as well as creating transit “buddies” or transit ambassadors that provide training for transit novices. Many older adults have never used public transportation and may need assistance in overcoming fears about using transit.

To address these problems, the conference participants felt the following strategies should receive priority.

- Demonstration of new transit modes including service routes, senior shuttles and other services focused on senior needs.
- Education programs help seniors understand their transit options and to help them learn to use the existing system.
- Coordination and partnering to bring together all of the agencies and resources focused on seniors, including public sector, private sector, social services and seniors themselves.

- Pedestrian Projects are encouraged to create safe, sustainable and walkable communities for older adults.

Next steps for MTC include:

- Further analysis of demographic trends and how they may impact demand for transportation services.
- Assisting in planning or demonstrating transportation services that are more tailored to the mobility needs of older adults in rural, urban and suburban settings.
- Estimating the demand for paratransit services in the region.

Presentations made at the conference included a wealth of useful information. Chuck Purvis of MTC presented information taken from the Bay Area Travel Survey about senior travel patterns. Some of the key items from this presentation include:

- Seniors make a higher percentage of their trips by walking than do other people: 12.5% of trips by seniors are made by walking, compared to 9.9% of trips by all Bay Area residents.
- Women over the age of 65 make 7.6% of their trips by transit, and women over the age of 75 make 8.7% of their trips by transit. For men transit use declines from 5.1% of trips for all seniors age 65 and older to 2.9% of trips for seniors age 75 and older.
- Travel by people age 65 and older is concentrated between the hours of 9:30 a.m. and 5:30 p.m.
- Seniors travel less than others: on an average weekday, 21% of seniors do not travel at all, compared to 9% of all residents. Seniors spend an average of 63 minutes per day traveling, compared to 80 minutes per day for all residents.

Volunteer Driver Programs

There are a number of programs that provide rides by volunteer drivers. For example, the Vacaville program provides seniors or people with disabilities with rides to medical appointments or any other appointment. The suggested donation for a round trip is \$5. There was a shortage of volunteer drivers at one point in 2000, but publicity about the situation resulted in an influx of new volunteers. The program owns two vans. Volunteers also staff the call-in line. In San Mateo and Santa Clara Counties, a program called FISH provides rides with volunteers' own vehicles. In Contra Costa County, the Interfaith Alliance operates a successful volunteer program called Caring Hands.

City of Concord Planning

The City of Concord is initiating a Senior and Youth Transportation Needs Assessment and Strategic Plan. The plan will identify the current and projected future transportation needs of the senior population and develop strategies that will serve these needs in a customer-friendly but cost-efficient manner.

Pedestrian Improvements in San Francisco and Oakland

Following intensive grassroots advocacy by the Senior Action Network (SAN), San Francisco is implementing a range of improvements designed to enhance the safety of pedestrians, especially older pedestrians. These improvements include expanding the time allotted for pedestrians to cross at signalized intersections, installing countdown walk signals, and repainting crosswalks to be more visible. SAN received the Doris W. Kahn Accessible Transportation Award from MTC for its Pedestrian Safety Project. In Oakland's Chinatown and in San Francisco's Chinatown all-way walk "scramblers" have been introduced along with intensive multi-lingual efforts by community organizations to educate the public about the new signals.

City Shuttles

Many cities around the Bay Area have introduced local shuttle routes that supplement the regional services operated by transit agencies. The shuttles commonly use small vehicles, operate on neighborhood streets, and link up local destinations of interest to seniors, youth, and people who come to work on transit. Among the cities that currently operate local shuttles of interest to seniors are Oakland, Emeryville, Foster City, and Menlo Park.

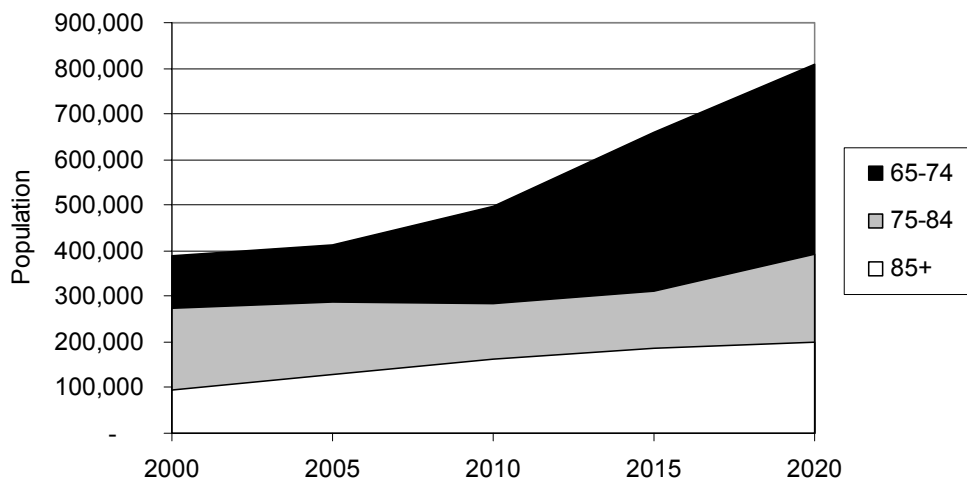
Chapter 3. Aging and Mobility Trends in the Bay Area

This chapter provides detailed information specific to the San Francisco Bay Area concerning population, driving, availability of transit service, and eligibility for ADA paratransit. In addition to regionwide information, information is provided about differences between different parts of the region as much as possible.

Population Trends

The number of people age 65 or older in the Bay Area will increase 84% between 2000 and 2020. As shown in Figure 3-1 and Table 3-1, growth will be most rapid in the 65 to 74 and 85+ age groups, both of which will increase by 108%. The seniors who will probably have the greatest need for transportation alternatives are those 85 years of age and older. The size of this group is already growing rapidly, and this growth will continue throughout the study period. The much talked about aging of the baby boom generation will cause an accelerating growth in the 65 to 74 group beginning in 2005, but will not really take off until 2010 when those people born in 1945 will turn 65.

Figure 3-1 Bay Area Senior Population Growth Projections, 2000-2020



Data Source: Association of Bay Area Governments, Projections 2002

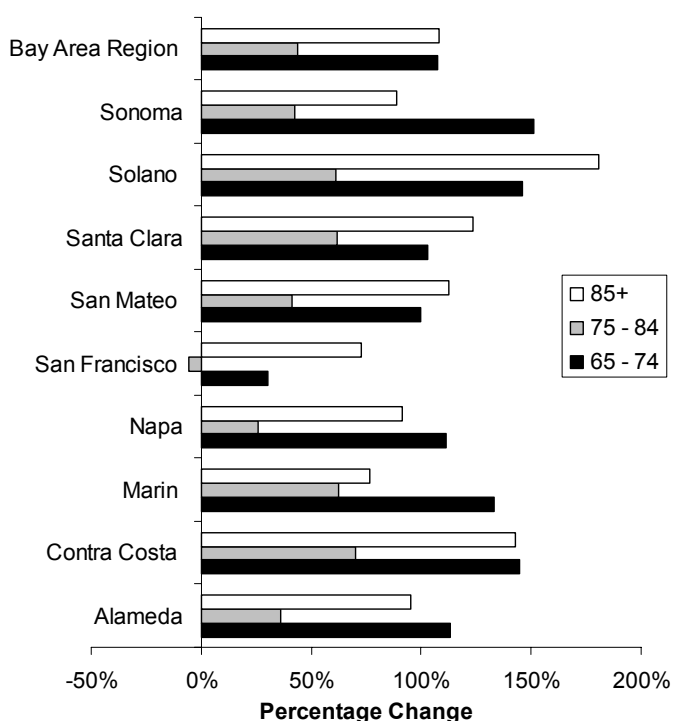
Table 3-1 Bay Area Senior Population Growth Projections, 2000-2020

	Population				Cumulative Increase compared to 2000			
Year	65-74	75-84	85+	All 65+	65-74	75-84	85+	All 65+
2000	389,437	272,643	95,427	759,507				
2005	411,400	286,100	128,200	827,705	6%	5%	34%	9%
2010	496,800	283,400	163,400	945,610	28%	4%	71%	25%
2015	659,700	311,100	185,500	1,158,316	69%	14%	94%	53%
2020	808,500	391,800	198,400	1,400,722	108%	44%	108%	84%

Source: Association of Bay Area Governments, Projections 2002.

Figure 3-2 shows the growth in the older population between 2000 and 2020. The number of seniors will increase in every county over the next two decades; growth will not be even throughout the Bay Area. Table 3-2 provides additional detail, including the projected total population by age group, and the numerical increase in population for each group. Figure 3-3 illustrates the percentage of the population in each Bay Area county that will be over the age of 65 in 2000 and in 2020.

Figure 3-2 Change in Senior Population from 2000 to 2020



Source: ABAG Projections 2002.

Table 3-2 Senior Population Growth Detail by County, 2000-2020

Age 65-74	2000	2020	Change (%)	Change (Number)
Alameda	75,699	161,500	113%	85,801
Contra Costa	54,722	133,900	145%	79,178
Marin	16,791	39,100	133%	22,309
Napa	8,695	18,400	112%	9,705
San Francisco	53,955	70,400	30%	16,445
San Mateo	44,742	89,400	100%	44,658
Santa Clara	87,193	177,200	103%	90,007
Solano	20,246	49,800	146%	29,554
Sonoma	27,394	68,800	151%	41,406
Region	389,437	808,500	108%	419,063

Age 75 -84	2000	2020	Change (%)	Change (Number)
Alameda	53,069	72,400	36%	19,331
Contra Costa	39,179	66,600	70%	27,421
Marin	12,060	19,600	63%	7,540
Napa	7,465	9,400	26%	1,935
San Francisco	37,929	35,700	-6%	-2,229
San Mateo	32,000	45,300	42%	13,300
Santa Clara	55,347	89,500	62%	34,153
Solano	13,265	21,400	61%	8,135
Sonoma	22,329	31,900	43%	9,571
Region	272,643	391,800	44%	119,157

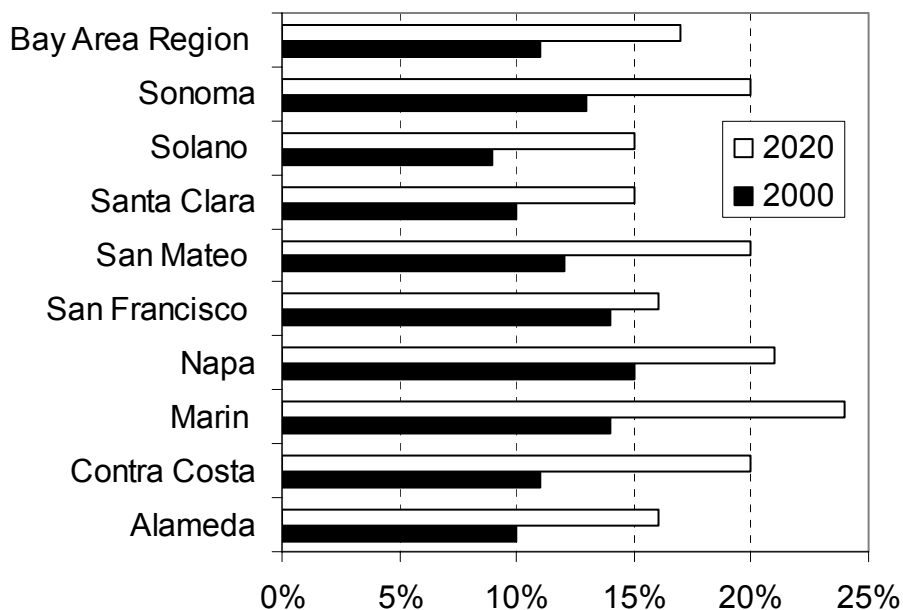
Age 85+	2000	2020	Change (%)	Change (Number)
Alameda	18,823	36,700	95%	17,877
Contra Costa	13,371	32,500	143%	19,129
Marin	4,581	8,100	77%	3,519
Napa	2,926	5,600	91%	2,674
San Francisco	14,227	24,600	73%	10,373
San Mateo	11,343	24,100	112%	12,757
Santa Clara	17,987	40,200	123%	22,213
Solano	3,915	11,000	181%	7,085
Sonoma	8,254	15,600	89%	7,346
Region	95,427	198,400	108%	102,973

Source: ABAG Projections 2002.

The percentage growth will be greatest in the more outlying counties, including Contra Costa, Marin, and Sonoma. The counties with the established urban centers, including Alameda, San Francisco, and Santa Clara will see more moderate growth rates. An exception to the pattern is San Mateo County which will have one of the highest senior growth rates despite its position in the developed core of the region.

There is necessarily considerable uncertainty in these estimates at the local level. They were prepared by the Association of Bay Area Governments using a regional economic model and assumptions about levels of migration into each county. For example, the apparent low growth in the number of seniors in San Francisco represents an assumption that migration rates into the City will be lower than for other parts of the Bay Area. If this assumption turns to be inaccurate, then the size of the senior population in San Francisco could grow faster than projected.

Figure 3-3 Percentage of Population Over Age 65 by County, 2000 and 2020



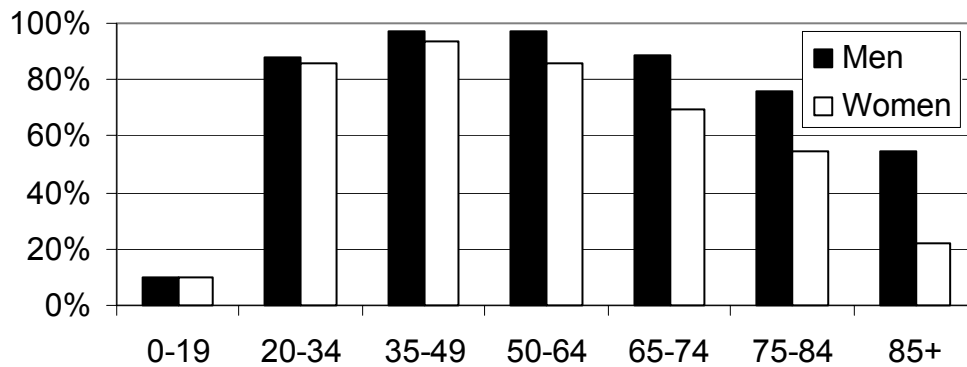
Data Source: Association of Bay Area Governments, Projections 2002

These county-level data hide significant differences within counties. An analysis of population growth compared to transit availability, presented later in this chapter, shows that, even within counties, established developed areas will see moderate growth in senior population, while the most dramatic growth will occur in the newly developing areas on the periphery of the region.

Drivers Licenses

In the Bay Area as elsewhere, the percentage of people who are licensed to drive declines with age. The state Department of Motor Vehicles provided counts of the number of people in each age group licensed to drive. In Figure 3-4, these counts have been combined with population data from the 2000 Census to show the percentage of the population licensed to drive in each age category. In the core working ages of 35 to 64, almost all men drive, as do the great majority of women. In the older age groups licensing falls off significantly. However, even in the 85+ group, 55% of men and 22% of women have licenses. Since there are more than twice as many women as men in the 85+ group, the result is that 33% of Bay Area seniors age 85 and older are licensed to drive. These figures differ slightly from the national data reported in Chapter 2, probably due to regional differences and the fact that the national figures were based on a survey rather than a full count of licensees and population.

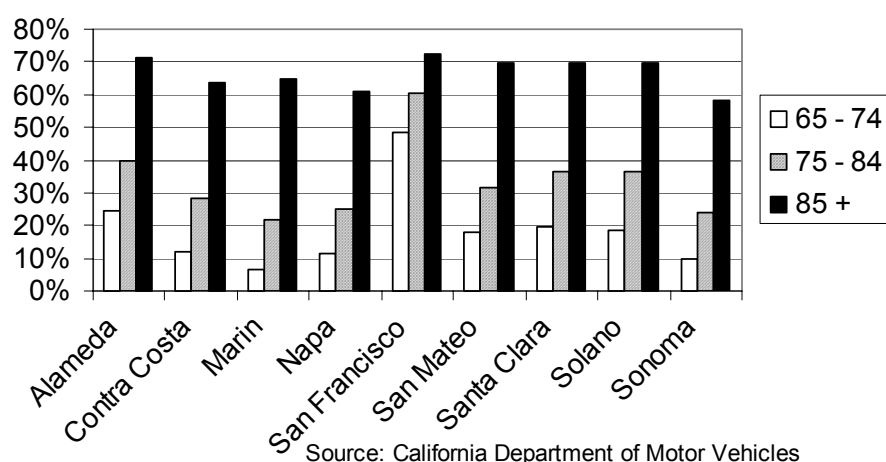
Figure 3-4 Percentage of Bay Area Population with Drivers Licenses by Age Group



Source: California Department of Motor Vehicles

There are significant differences in licensing from county to county. Figure 3-5 shows these trends, concentrating on the percentage of the population without a license, since this is the group most likely to be dependent on alternative methods of transportation. In the young-elderly (65 to 74) group, the lower density counties like Marin, Napa and Sonoma have relatively few non-drivers, compared to San Francisco where nearly half of the 65 to 74 group is not licensed. This situation in San Francisco no doubt reflects the high level of transit service there, and possibly concentrations of ethnic groups with traditionally low automobile usage. In all counties, the percentage of non-drivers increases with age, and reaches a narrower spread of levels in the 85 and older group, ranging from a low of 58% in Sonoma to a high of 72% in San Francisco.

Figure 3-5 Seniors without Drivers Licenses



ADA Paratransit Eligibility

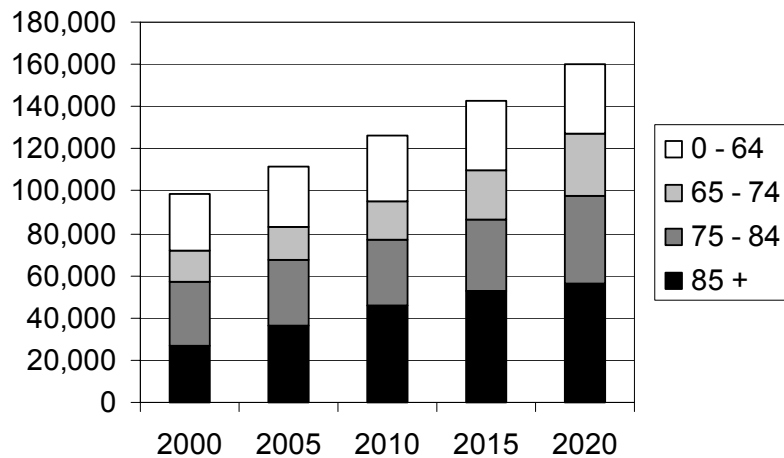
As the size of the older population increases, the number of people who qualify for ADA paratransit will probably also increase. The national disability data show that prevalence of disabilities increases with age. However, these data do not measure ADA paratransit eligibility. Data on ADA paratransit eligibility are available for the Bay Area from the Regional Eligibility Database (RED) established by MTC. These data and local population projections have been used to project the size of the ADA paratransit eligible population for the next 20 years.

Most operators in the region participate in the RED and provide updated eligibility lists periodically. MTC provided data on registrations by age for each operator based on the database as of February 2002. (The only operators which had not provided an updated list within the previous six months were Benicia, East Bay Paratransit, Napa, Vacaville, and Coastside Opportunity Center. East Bay Paratransit had registration data as of May 2001 and Benicia had data as of June 2001. Napa and Vacaville last provided data in the fall of 2000. Coastside does not participate in the RED, but is a very small operator compared to SamTrans, the major operator in San Mateo County. Based on this summary, the results are sufficiently current for analysis purposes in all counties with the possible exception of Napa and Solano.)

Figure 3-6 and Table 3-3 show the growth in number of ADA eligible individuals in the Bay Area that will occur as a result of the growing older population. The projection assumes that the percentage of people who are ADA eligible in each age group will remain constant. Put another way, the ADA eligible population in each age group will grow by the same amount as the total population in that age group. Using these assumptions, the most rapid growth will be among persons aged 65 -74 and those persons older than 85. The percentage of the Bay Area population that is ADA eligible

climbs from 3.9% for persons aged 65 –74 to 11.0% for persons aged 75 – 84 to 28.4% for persons older than 85. Between 2000 and 2020, there will be a 63% increase in the number of ADA-eligible persons in the total Bay Area population including all age groups. (This projection shows only the impact of population growth. Eligibility could rise faster or more slowly for other reasons, such as changes in the way eligibility is determined, changes in the health of older adults, and potentially eligible individuals signing up in greater numbers as they learn about improvements in ADA paratransit service.)

Figure 3-6 ADA Eligibility in the Bay Area, 2000 – 2020



Data Source: Projected from ABAG Projections 2002 and MTC Regional Eligibility Database.

Table 3-3 ADA Eligibility Detail

	Percent ADA Eligible	Number of ADA Eligible People				
		2000	2005	2010	2015	2020
0 - 19	0.1%	1,003	1,104	1,167	1,179	1,180
20 - 34	0.2%	3,463	3,334	3,288	3,428	3,552
35 - 49	0.5%	8,322	8,721	8,718	8,115	7,240
50 - 64	1.3%	13,405	15,939	18,239	19,697	20,877
65 - 74	3.9%	15,049	15,562	18,299	23,973	29,378
75 - 84	11.0%	29,928	31,427	31,014	33,721	41,845
85 +	28.4%	27,142	35,975	45,954	52,490	56,240
Total	1.4%	98,312	112,063	126,679	142,602	160,310

Data Source: Projected from ABAG Projections 2002 and MTC Regional Eligibility Database.

Table 3-4 shows the projected number of ADA eligible people by county for each age group. Overall, the counties with the greatest number of projected ADA eligible people

are Alameda (30,836), San Francisco (27,748), and Santa Clara (48,750). Like the data projected for the Bay Area region in 2020, the projected ADA eligible population in each county is based upon the population growth projected for each age group in the given county between 2000 and 2020. As in the region as a whole, the greatest increases in the number of ADA eligible will be in the age groups 65 – 74 and 85+ for all counties. For both these age groups, Contra Costa and Solano counties will have the greatest percentage increases.

Table 3-4 Projected Growth of ADA Eligibility by County

County	Age Group	Total Population			ADA Eligible	
		2000	2020 (Projected)	Growth (2000 - 2020)	2000	2020 (Projected)
Alameda	0 - 19	392,243	423,900	8%	220	238
	20 - 34	341,818	334,900	-2%	850	833
	35 - 49	355,295	307,500	-13%	1,822	1,577
	50 - 64	206,794	332,500	61%	2,981	4,793
	65 - 74	75,699	161,500	113%	3,018	6,439
	75 - 84	53,069	72,400	36%	5,721	7,805
	85 +	18,823	36,700	95%	4,694	9,152
	Total	1,443,741	1,669,400		19,306	30,836
Contra Costa	0 - 19	274,300	257,600	-6%	59	55
	20 - 34	177,083	246,900	39%	263	367
	35 - 49	237,978	200,700	-16%	555	468
	50 - 64	152,183	241,300	59%	921	1,460
	65 - 74	54,722	133,900	145%	1,090	2,667
	75 - 84	39,179	66,600	70%	2,285	3,884
	85 +	13,371	32,500	143%	1,876	4,560
	Total	948,816	1,179,500		7,049	13,462
Marin	0 - 19	54,167	51,800	-4%	37	35
	20 - 34	41,648	53,300	28%	108	138
	35 - 49	67,732	44,800	-34%	248	164
	50 - 64	50,310	58,800	17%	445	520
	65 - 74	16,791	39,100	133%	481	1,120
	75 - 84	12,060	19,600	63%	1,156	1,879
	85 +	4,581	8,100	77%	1,206	2,132
	Total	247,289	275,500		3,681	5,989
Napa	0 - 19	33,323	35,600	7%	14	15
	20 - 34	22,747	29,600	30%	33	43
	35 - 49	28,482	28,500	0%	66	66
	50 - 64	20,641	30,400	47%	88	130
	65 - 74	8,695	18,400	112%	68	144
	75 - 84	7,465	9,400	26%	153	193
	85 +	2,926	5,600	91%	211	404
	Total	124,279	157,500		633	994

San Francisco Bay Area Older Adults Transportation Study

METROPOLITAN TRANSPORTATION COMMISSION

County	Age Group	Total Population			ADA Eligible	
		2000	2020 (Projected)	Growth (2000 - 2020)	2000	2020 (Projected)
San Francisco	0 - 19	127,344	201,600	58%	154	244
	20 - 34	236,472	157,700	-33%	480	320
	35 - 49	190,327	162,900	-14%	2,166	1,854
	50 - 64	116,479	158,200	36%	3,262	4,430
	65 - 74	53,955	70,400	30%	3,675	4,795
	75 - 84	37,929	35,700	-6%	6,549	6,164
	85 +	14,227	24,600	73%	5,749	9,941
	Total	776,733	811,100		22,035	27,748
San Mateo	0 - 19	177,286	178,100	0%	75	75
	20 - 34	153,019	145,400	-5%	172	163
	35 - 49	176,404	137,600	-22%	429	335
	50 - 64	112,367	175,200	56%	991	1,545
	65 - 74	44,742	89,400	100%	1,292	2,582
	75 - 84	32,000	45,300	42%	2,972	4,207
	85 +	11,343	24,100	112%	3,006	6,387
	Total	707,161	795,100		8,937	15,294
Santa Clara	0 - 19	459,612	540,200	18%	352	414
	20 - 34	411,830	403,600	-2%	1,196	1,172
	35 - 49	414,573	358,700	-13%	2,223	1,923
	50 - 64	236,043	398,100	69%	3,370	5,684
	65 - 74	87,193	177,200	103%	4,063	8,257
	75 - 84	55,347	89,500	62%	8,364	13,525
	85 +	17,987	40,200	123%	7,953	17,775
	Total	1,682,585	2,007,500		27,521	48,750
Solano	0 - 19	122,663	140,000	14%	79	90
	20 - 34	81,348	118,600	46%	307	448
	35 - 49	97,456	105,300	8%	619	669
	50 - 64	55,649	101,000	81%	952	1,728
	65 - 74	20,246	49,800	146%	891	2,192
	75 - 84	13,265	21,400	61%	1,571	2,534
	85 +	3,915	11,000	181%	1,375	3,863
	Total	394,542	547,100		5,794	11,524
Sonoma	0 - 19	124,835	126,600	1%	13	13
	20 - 34	86,212	108,300	26%	54	68
	35 - 49	114,282	108,400	-5%	194	184
	50 - 64	75,308	111,800	48%	395	586
	65 - 74	27,394	68,800	151%	471	1,183
	75 - 84	22,329	31,900	43%	1,157	1,653
	85 +	8,254	15,600	89%	1,072	2,026
	Total	458,614	571,400		3,356	5,713

County	Age Group	Total Population			ADA Eligible	
		2000	2020 (Projected)	Growth (2000 - 2020)	2000	2020 (Projected)
Region*	0 - 19	1,765,773	1,955,400	11%	1,003	1,180
	20 - 34	1,552,177	1,598,300	3%	3,463	3,552
	35 - 49	1,682,529	1,454,400	-14%	8,322	7,240
	50 - 64	1,025,774	1,607,300	57%	13,405	20,877
	65 - 74	389,437	808,500	108%	15,049	29,378
	75 - 84	272,643	391,800	44%	29,928	41,845
	85 +	95,427	198,400	108%	27,142	56,240
	Total	6,783,760	8,014,100	18%	98,312	160,310

*Regional ADA eligible totals are calculated from county projections, not from regional growth rates.

Data Source: Projected from ABAG Projections 2002 and MTC Regional Eligibility Database.

Population Growth and Transit Availability

Whether older people can use public transportation depends largely on whether they live near good transit service. In the past, seniors tended to live in central cities and established suburbs with good transit service. This reflected residential patterns established when these people were younger and population was not as decentralized as it is today. As overall population has shifted away from central cities, so has the senior population. If people who are in their later working years continue to live where they do today, then it is likely that, in the future, even more older adults will live in newer suburbs and other areas with limited transit service. This trend has been analyzed using projections of population from the Association of Bay Area Governments (ABAG) and transit data developed by MTC's travel modeling group.

Maps of Senior Population and Access

Four maps were prepared as follows:

- Senior Population (Age 65 and older): one map for 2000 and one for 2025.
- Access to Destinations by Transit: one map for 2000 and one for 2025.

All the maps use MTC's system of Traffic Analysis Zones (TAZs). There are 1,099 TAZs that cover the Bay Area. This zone system is the one that MTC uses for its travel modeling, and it is the basis for an analysis of transit access that was prepared by MTC for use in other projects. The senior population maps use data from the Association of Bay Area Governments' (ABAG's) Projections 2000. The original ABAG projections were for Census tracts, and extended to 2020. The census tract projections were combined by MTC into TAZ projections. MTC also extended the projections to 2025 to match the MTC travel model corresponding to the horizon year of the Regional Transportation Plan. Age 65 was used as a cut off for defining "senior" because that is the only available division in

the ABAG population projections. (ABAG prepares county-level projections in five-year age increments, but the agency's tract-level projections use fewer age ranges.)

The maps of access by transit indicate how well people living in each zone can reach retail and service destinations by transit during the midday. This measure was created by MTC by combining the level of transit service available in each zone, travel times by transit within the zone and to nearby zones, and the level of retail and service activity in the zone and nearby zones. It represents how well seniors who choose to use transit or who can no longer drive can reach destinations of interest. Zones that have frequent, closely spaced transit service and that contain or are near to concentrations of retail and service activity score very high. Zones that have less transit service, less retail and service activity, or transit that provides less direct connections to these activities, score lower. Midday service levels were analyzed instead of peak-period ones because seniors who no longer work tend to travel more at those times. (Additional detail on how the measure of transit access was developed is presented in an appendix.)

Senior Population. The first map shows senior population in 2000. Note that the map is based on numbers of seniors, not the percent of people over a certain age. The map indicates that there are significant concentrations of older adults in the central cities of San Francisco and Oakland, and other established areas of relatively high density like Berkeley, Richmond, San Rafael, and central San Jose. However, the maps show that the senior population, like the general population, is already substantially spread out, with high concentrations in places away from established corridors, including the hill areas of the Peninsula, south San Jose together with Morgan Hill and Gilroy, eastern Contra Costa and Alameda counties, Napa, and large areas of Sonoma County.

The second map displays the growth that is projected between 2000 and 2025. The decentralizing trend already present in 2000 accelerates. All of the areas with the greatest amount of growth are in the more outlying portions of the region. The established urban areas and older suburbs are expected to see a decline in numbers or very slow growth. As with the first map, the map shows numbers, not percentages. Therefore some places that are expected to have high percentages of senior population but which are growing slowly, such as Marin County, are shown as having low senior population growth levels.

Access by Transit. The third map shows existing levels of access by transit. As described before, this map uses a measure of how many retail and service destinations can be reached using transit. The precise divisions between the categories (basic, good, very good, and excellent) were chosen based on natural breaks in the spread of the data, and adjusted to correspond roughly to an intuitive understanding of transit service levels. As expected, only the central cities of San Francisco and Oakland, plus portions of Berkeley, downtown San Jose, and a small portion of northern San Mateo County (corresponding roughly to the end of BART line) have excellent or very good access to destinations by transit.

Good access by transit is available in the developed spine of the East Bay, most of San Jose and the older developed areas of Santa Clara County, central Walnut Creek and Concord, central San Rafael, and the central spine of development in San Mateo County.

Other extensive areas have only basic levels of access of transit. Note that the analysis shows ability to reach destinations, not just transit service levels. As a result, some areas that have moderately high levels of transit service may show as having only basic access if they are close to fewer concentrations of retail and service activity than other areas. Of particular interest to this project, note that transit service does not correspond closely to the location of seniors, even in 2000, and not at all to the locations expected to have the most rapid growth in the senior population.

The fourth map shows how access by transit may improve over the next 25 years. This analysis is based on MTC's adopted Regional Transportation Plan and ABAG's projections of retail and service activity in the future. It is assumed that all transit projects in the RTP will be implemented. Those areas with better transit or with increases in nearby concentrations of retail and service activity are shown as having higher levels of access by transit. The map shows significant improvements in access, consisting mainly of expansions of the corridors that currently have good or very good service. Some areas of notable improvement include central San Jose, the central developed corridor of Santa Clara County, Fremont, the Highway 101 corridor of Sonoma County, and the Highway 680 corridor.

If all of these improvements are implemented they will significantly aid existing and expected future concentrations of seniors. However, many areas with existing concentrations, and areas with expected large increases, will still have only basic access by transit. In addition some improvements may be a nature that is less useful to seniors than it might appear. For example, improved access in San Jose reflects a planned extension of BART. This BART extension will increase access to destinations on a regional level, but will have less impact on access to local destinations that may be of most interest to seniors.

Map 1: Year 2000 Senior (Age 65+) Population

Map 2: Senior (Age 65+) Population Change Years 2000 to 2025

Map 3: Year 2000 Midday Access to Destinations by Transit

Map 4: Year 2025 Midday Access to Destinations by Transit

Analysis of Population and Transit Access

The data used in the maps have been analyzed to provide a more quantitative picture of transit service that may be available to seniors in the future. Table 3-5 shows the senior population living in zones with each of the levels of access depicted in the maps. For Year 2000, the analysis shows that 53% of seniors live in areas with no transit or basic access to services by transit. Only 18% of seniors live in places with very good or excellent access. By 2025, if there is no improvement in transit services, the picture will get significantly worse—59% of seniors will have no or only basic access to services by transit and only 13% will have good or excellent access. However, if all of the improvements in the Regional Transportation Plan are implemented, then the situation will be somewhat better than it is now. Currently, 41% of seniors live in areas that will have no or basic transit access, and 23% live in areas that will have very good or excellent transit access. As a result, even with high growth in the low-access areas, the percentage of seniors with no or basic access to services by transit will decline to 46% and the percentage with very good or excellent access will increase slightly to 19%.

Table 3-5 Senior Population and Access by Transit

	Existing Transit Access Levels				RTP Transit Service Levels			
	2000 Population Locations		2025 Population Locations		2000 Population Locations		2025 Population Locations	
Access Level	Population	Percent	Population	Percent	Population	Percent	Population	Percent
Excellent	56,080	7%	85,242	5%	97,345	12%	149,161	9%
Very Good	84,349	11%	125,829	8%	88,024	11%	156,518	10%
Good	235,593	30%	437,646	28%	278,555	35%	543,462	35%
Basic	383,645	49%	849,120	54%	299,632	38%	660,234	42%
None	29,511	4%	75,601	5%	25,622	3%	64,063	4%
Grand Total	789,178	100%	1,573,438	100%	789,178	100%	1,573,438	100%

While these figures provide some basis for optimism, it is still clear that there will be very large numbers of seniors for whom transit will offer extremely limited mobility if they cannot drive or have limited driving ability. Seen another way, the data show that 65% of the growth in senior population will occur in places that now have no or only basic access by transit. If all RTP transit improvements are completed, then 51% of the growth will occur in places that will still have no or only basic access by transit.

Chapter 4. Public Participation Process

The central activity of this study has been gathering input from stakeholders in order to develop a regional consensus about senior mobility issues. This input was gathered through a series of public workshops held at locations around the Bay Area. These workshops were attended by 132 people representing community organizations, city and county agencies that serve older adults, legislators, transit agencies, and advocacy organizations. The workshop participants discussed barriers to mobility, possible solutions and strategies to address those barriers, and principles and criteria that can be used to choose among possible solutions and strategies.

In addition, to the workshops, the study team convened a small Working Group that met twice. The Working Group included representatives suggested by Area Agencies on Aging in all nine counties, representatives of transit agencies, members of the California Senior Legislator, a university researcher, and members of MTC's Elderly and Disabled Advisory Committee. The first meeting reviewed the overall work plan for the study and helped plan the public workshops. The second meeting reviewed the results of the workshops and assisted in prioritizing principles to guide the development of recommendations.

The following table provides a summary of the workshop locations, dates, and attendance:

Workshop Location	Date	Time	Attendance
Vallejo, John F. Kennedy Public Library	April 23	9:30 AM – Noon	12
San Francisco, St. Mary's Cathedral	April 25	1:30 – 4:00 PM	28
Oakland, MTC Auditorium	April 30	9:30 AM – Noon	50
San Jose, Silicon Valley United Way	May 2	9:30 AM – Noon	16
Novato, Margaret Todd Senior Center	May 21	1:30 – 4:30 PM	26
Total workshop attendance:			132

The workshop participants were recruited by mailing a one-page flyer to approximately 1,500 people using a database developed from the MTC Mobility Matters conference held in 2000, mailing lists provided by the agencies on aging in the various counties, contact lists provided by individual members of the OATS working group, and a list of social service agencies developed for MTC's social service transportation inventory. A copy of the flyer was distributed electronically to the OATS working group and representatives of all the transit agencies that participate in the Accessibility Committee of the Partnership Transit Coordination Council. They were encouraged to distribute it further. The flyer was also posted on MTC's web site.

At the workshops, representatives of MTC and the consulting team explained the purpose of the sessions and spoke briefly about the research that has been done for the project. Large format maps were posted showing the mapping analysis of senior

population and transit accessibility prepared by MTC. The overall theme of the maps was explained. The MTC staff person who prepared the maps was present at all of the workshops and answered questions about them during the breaks. For the main portion of each workshop, the consultants facilitated discussions of barriers to mobility, solutions and strategies, and principles for choosing among the possible strategies. To assist in the discussion of barriers, a preliminary list of barriers was distributed to the participants (see appendix). A member of the consulting team recorded the discussion on flip charts.

Overview of the Workshop Discussions

The focus of the comments at the various workshops varied according to the interests and perspectives of the participants. For purposes of analysis and summary, the comments have been grouped into categories as follows:

- Administration and Policy
- Advocacy
- Driving
- Design, Development and Planning
- Education and Information
- Funding
- Multi-Modal and Other
- Pedestrian Safety
- Paratransit
- Rides (in a private automobile)
- Social Service Access
- Shuttles
- Transit
- Taxis

Table 4-1 at the top of the next page suggests the variation in priorities among the workshops by giving the number of comments in each category at each workshop. The categories are shown with those that had the highest number of total comments first. For this purpose, comments have been grouped together, whether they were given in the form of a barrier or in the form of a possible solution or strategy.

A brief discussion is provided highlighting how the various workshops differed in their approaches to these issues. This discussion focuses on those matters that were distinctive in some way about each workshop. However, as can be seen from the table, all of the workshops addressed nearly the entire range of issues.

Table 4-1 Number of Comments at Each Workshop by Category

Category	Vallejo	SF	Oakland	San Jose	Novato	Total
Transit	7	11	26	2	2	48
Funding	9	8	8	10	8	43
Education and Information	7	7	11	9	4	38
Pedestrian Safety	1	27	3	2		33
Design, Development and Planning	8	3	11	2	7	31
Paratransit	4	1	9	7		21
Administration and Policy	4	1	3	10	1	19
Rides	3		4	7	2	16
Shuttles	4	4	2	5		15
Social Service Access	4	3	2	4	1	14
Driving	2	1		3	4	10
Multi-modal and other	1	1	7	1		10
Taxis	1	3	1		5	10
Advocacy	2			4		6
Total	57	70	87	66	34	314

Vallejo

In Vallejo, participants focused on funding ideas and design and land use issues. In addition to desiring more funding and more advocacy for funding, participants had ideas for attracting private sector participation. The group spent a good portion of its time discussing issues connected with the design of new developments where many seniors live, including ways in which the design of these developments may make it hard for seniors to be mobile later in life, and ideas for encouraging or requiring better planning in the future.

The group was particularly interested in increasing education and outreach to promote mobility solutions and had a variety of suggestions for improving transit. The Vallejo group supported the following guiding principles for choosing strategies:

- Synergy: initiatives that also support other things
- Programs that work for everyone have more support.
- Programs that have an immediate impact
- Allow for different approaches in each area – appropriate to each environment.
- Coordinate with ADA solutions.
- Education, making information available
- There needs to be follow-through to make this plan happen (a staff person).

San Francisco

More than any other group, this one focused on pedestrian mobility. Their concerns included reducing conflicts between pedestrians and automobiles and a need for better design of crossings and intersections. In the area of transit, participants were concerned with specific issues like increasing fleet accessibility, safety at bus stops, driver training, and providing escorts for seniors. The San Francisco group supported the following guiding principles:

- Transportation needs should be viewed in context of the entire picture of needs (holistic approach).
- Integrate/centralize different transportation systems – not necessarily the operation, but information should be available from a centralized source.
- Sensitivity to the needs of people – including recognition of the diversity of travel needs, compelling a variety of solutions.
- Recognize that transportation is a means for survival.
- Consider future needs of seniors.
- Transportation information (an issue of customer service) needs to be provided in the event of a re-routing of bus or other change of service.
- Follow-through, implementation of adopted policies (e.g., transit drivers do not comply with rules about announcing stops, which poses a challenge to visually impaired).

Oakland

Oakland participants were most concerned about transit issues. Their comments included observations about the limitations of transit, a strong plea for added service and more seamless, coordinated service, practical ideas for improving usability by seniors, and suggestions for additional fare subsidies and special passes. More than any other group, this one was interested in the need for better accessibility at seniors' homes and at destinations such as shopping centers and medical facilities. The Oakland group proposed that solutions and strategies should be:

- Tailored – urban, suburban, rural
- Coordinated, collaborative
- Long range
- Cooperative
- Effective
- Accountable

This group also conducted a voting exercise ranking the priority of major categories of strategies, with the following results:

<u>Category</u>	<u>Votes</u>
1. Improve accessible transit and paratransit	27
2. Training and education	19
3. Simplifying system	18
4. Land use and development	9
5. Funding	9
6. Transition from driving	7
7. Local transit services	5
8. Help modify homes	0

San Jose

The San Jose participants in particular addressed high level issues of how services are delivered, how needs are defined, and how future efforts should be organized. They supported coordinated, inclusive, county-wide and regional approaches with room for participation by local communities. The group was interested in establishing an ongoing, institutional mechanism so that senior mobility issues would continue to be addressed. More than any other group, this one spent time on funding issues. This group also spent more time than any other on the issue of providing rides for seniors in private automobiles. In addition to noting the difficulty of attracting and retaining volunteers, participants also had suggestions for addressing this issue, including tax incentives and liability reform. As guiding principles, the San Jose group proposed:

- Programs should not have a stigma.
- Programs should look seamless to the consumer.
- Education, advocacy, grass-roots support
- Some programs need to start with legislation (funding, liability issues).
- Address transportation as part of a continuum.
- Involve other groups in funding and the program administration.
- Connect ongoing funding sources (i.e., traffic fines, license renewal) with the issues.

Novato

Key issues for the Novato group were connections between land use and transportation, funding, problems of seniors no longer being able to drive, and taxicabs. Participants wanted development to be better planned for mobility, and suggested changes in legislation, and steps toward obtaining participation from developers in funding and

providing transit services. Other suggestions for funding included tax measures, foundations, and block grants. There was strong support for including taxicabs in mobility solutions by means of subsidies and regulatory changes. Guiding principles proposed by the Novato group were:

- Sustainable funding options
- Environmentally friendly solutions (instead of ones promoting car use)
- Lifeline service everywhere
- Involve service providers (medical retail, social service, etc) in the transportation service.
- Cooperative partnerships to develop solutions, creating new institutions for coordination
- Make it socially acceptable to use transit.
- Build on existing resources; use surplus capacity in existing transit services to serve senior transportation needs.

Workshop materials can be found in an appendix, including the workshop flyer, a sample agenda, the preliminary barriers list used at the workshops, and a complete listing of barriers and solutions proposed at the workshops. A roster and agendas for the Working Group are also provided in an appendix.

Chapter 5. A Regional Strategy for Senior Mobility

Introduction

Based on the research and public participation described in the preceding chapters, this chapter summarizes the barriers that limit the mobility of older adults and identifies actions to address those barriers. The barriers that were identified concern the full spectrum of ways that seniors travel locally. However, they focus particularly on barriers that prevent older adults from taking full advantage of public transportation services and other alternatives to driving.

Actions have been identified to address the barriers based on suggestions by workshop participants and the review of work in other areas. Most of the actions that can preserve and enhance senior mobility can only be implemented by entities other than MTC. These entities include cities, counties, transit agencies, community organizations, state and federal agencies, and private citizens. However, MTC, as a regional planning agency, can support and advance efforts by these other entities. MTC can:

- Develop, support or influence legislation at the state and federal levels.
- Seek or advocate for additional sources of funding.
- Conduct research about needs.
- Collect and disseminate information about promising services and programs.
- Sponsor demonstrations, in partnership with others.
- Incorporate senior mobility into existing MTC programs and planning efforts.
- Sponsor events to increase awareness of senior mobility issues and strategies.
- Maintain and build upon partnerships established for this planning project.

In presenting actions for entities other than MTC, the plan recognizes that it cannot commit these other entities to action. Moreover, appropriate actions will be different in each area and for each organization depending on local priorities, resources, development patterns, institutional arrangements, and many other factors. The actions presented in this plan are not intended as requirements but as a toolkit that can be applied as needed and appropriate in each area. It is hoped that a wide range of jurisdictions and organizations will endorse the plan as a framework within which they can support the overall regional goal of senior mobility by taking those steps that fit their missions and circumstances.

The regional strategy is presented under the following major topic areas:

- Funding

- Advocacy, awareness, and planning
- Transit service
- Paratransit and supplemental transportation
- Walking (including wheelchair access) and bicycling
- Medical Transportation
- Driving
- Development and design

Within each topic area, the barriers to mobility are presented, followed by:

- Actions that can be taken to address those barriers.
- The entities that would be involved in implementing those actions.
- Things that MTC can do to promote or support the actions.

The possible supportive actions by MTC and its partner entities were reviewed based on principles developed from comments in the workshops. The principles suggested by participants at the five workshops reflected a variety of concerns. All of the principles suggested by the participants were synthesized into statements that could be used to prioritize recommendations. The principles were then presented to the Working Group in a meeting at MTC. The Working Group members were asked to rate the principles in terms of importance. Based on these ratings, the principles have been ranked as follows, with the most important principles at the top of the list:

1. Favor approaches that increase the ability of people and organizations to advocate and address issues, such as education, training, and making more information available about their transportation options.
2. Build on and coordinate with existing services, including ADA paratransit. Similarly, build on existing resources, including existing funding sources and programs so they better serve senior transportation needs.
3. Create sustainable programs, including a commitment to on-going staff support, sustainable funding, and follow-through on implementation.
4. Make effective use of resources.
5. Favor coordinated approaches, for example a regional approach to issues, even if solutions are implemented at the local or county level. Within counties, there should be coordination and a countywide structure that can incorporate local efforts. The result should be a system that looks simple to users, even if it is complicated behind the scenes.

6. Favor steps that can have an immediate impact or that lend themselves to demonstration and testing in the near term.
7. Address transportation as part of a continuum of services, in the context of the entire picture of needs.
8. Favor efforts that work for the widest range of people. Programs that work for everyone have more support. Programs should be designed and marketed to preserve the pride and dignity of users and avoid a stigma for participation.
9. Allow for flexibility in solutions, tailored to the different needs of urban, suburban, and rural areas, and differences among local areas.

Generally, the Working Group members rated the principles as either “absolutely critical” or just “important.” None of the principles was considered “unimportant.” Since the differences in ratings were small, and the exact ranking depends on the chance make-up of a small group of people, only the overall rankings have been given.

Using these principles as a guide, the supportive actions listed under the various topics were brought together as recommendations for MTC which are given at the end of the chapter.

Funding

Enhancing mobility options for older adults will depend critically on the availability of funding. Existing funds are generally spoken for. Some modification of priorities is possible, but attempting to bring about a major change in the way existing fund sources are used would be politically divisive. For these reasons, it will be necessary to seek additional funding.

Funding Barriers

- Development of additional services is limited by funding. In the case of transit services, first priority is given to meeting requirements of ADA.
- Limited funding for transit is providing a strong incentive to reduce ADA paratransit to the strict minimums required by law.

Table 5-1 Actions to Increase Funding

Actions	Organizations
<ul style="list-style-type: none"> Seek increased federal transit funding, including the Section 5310 (elderly and disabled), 5311 (rural), and 5307 (urbanized area formula) programs. 	Transit operators and MTC
<ul style="list-style-type: none"> Involve local businesses in providing and funding services through sponsored trips, shuttle services, ticket validation, etc. 	Transit operators, cities, and counties.
<ul style="list-style-type: none"> When economic and fiscal conditions are favorable, seek additional state and local funding for all aspects of senior mobility. 	Transit operators, MTC, cities, counties, advocacy organizations

MTC Supportive Actions

- Assist locally-based efforts to involve the private sector (e.g., merchants, developers, hospitals, nursing home operators), and support demonstrations of such methods.
- Include senior mobility concerns in developing MTC's positions with respect to federal, state, and regional funding measures. (See related items under Advocacy, Awareness, and Planning.)

Partners: AARP, Community Transportation Association of America (CTAA), National Association of Area Agencies on Aging (N4A), California Senior Legislature (CSL), Congress of California Seniors.

Advocacy, Awareness, and Planning

Workshop participants expressed a need for continued effort to ensure awareness about the problems of senior mobility, and a need for additional planning about future needs. There is already substantial awareness of the senior mobility issue at many levels, as shown by this study, research now being pursued at the national level, and activities being pursued throughout the Bay Area and the state. With respect to planning, this study is a start, and efforts are underway in several counties and communities, as well as at the national level. Clearly additional work will be needed at all levels.

Table 5-2 Actions to Address Advocacy, Awareness, and Planning Needs

Actions	Organizations
Identify specific local needs and priorities and develop plans to address them.	Transit agencies, cities, and county agencies on aging.
Create mechanisms to assure continuing, coordinated attention to senior mobility issues.	Transit agencies, cities, and county agencies on aging with participation by community organizations.
Include cultural and linguistic minorities in planning efforts.	Community organizations that work with cultural and linguistic minorities.

Supportive Actions by MTC

- Adopt policy/vision statements as part of the Regional Transportation Plan (RTP). For example the RTP can recognize the growing need to address mobility for older people, define the specific nature of the need that distinguishes it from other concerns, and set a goal of maintaining safe mobility for older drivers, pedestrians, transit users, and people who can no longer drive due to age-related conditions.
- Research senior travel patterns using available regional and national data.
- Promote an increased focus on senior issues by MTC's EDAC.
- Host regional conferences and events spotlighting senior mobility research. The Mobility Matters conference in 2000 and the planned follow up in November 2002 serve this purpose. Additional events will be appropriate in the future.
- Identify senior mobility as a priority issue to be tracked in MTC's legislative program. Legislative concerns, in addition to transportation authorizations, may include changes to the Older Americans Act, Medicare, and Medicaid. Specific issues may include funding, requirements for transportation within aging-related programs, and further steps to enable coordination.
- Participate in the state planning processes for implementing the Olmstead decision, and to develop a statewide strategic plan for aging.
- Coordinate with national aging organizations to identify other federal programs for which MTC legislative support may be appropriate.
- Recognize innovative and effective programs via MTC's awards program based on nominations from local senior organizations.

Partners: Same as funding partners.

Transit Service

Conventional transit service is the most cost-effective alternative to driving in those areas where it works well, especially denser urban areas and established suburbs. Relatively generous funding (compared to some other parts of the country) has also allowed transit service to be developed in most of the smaller cities of the Bay Area. In addition to being cost effective, transit service works for a broad range of society and has widespread support. Transit service works for those seniors who are still in relatively good physical and mental condition. This is a majority of seniors under the age of 75.¹

Participants in the workshops conducted for this project were eager to see improvements in transit services and new types of services that will be as usable as possible by older people. One of the main limitations of transit is lack of service in many areas. Analysis done for this project has documented that much of the growth in the older population will occur in places where transit service is limited. Even in places where transit service is good, there is a need to confront the fact that many seniors do not use it because they have little familiarity with transit and are used to relying on personal automobiles as the most convenient mode of travel.

Barriers to Mobility Using Transit Service

- Transit service is lacking or very limited in many suburbs, especially in more recently developed areas, and in rural areas.
- Transit service is often limited in off peak periods when many seniors prefer to travel.
- Seniors' ability or willingness to use transit may be limited by long travel times, long distances to stops, difficulty boarding vehicles, inconsistent announcement of stops, confusing presentation of information (e.g. rolling destination signs, wrapped buses), fear of crime, lack of shelters and benches, and uncomfortable seats..
- Many seniors find it hard to switch from driving to transit.
- Many trips require transfers between operators, and centralization of medical services is increasing the need for multi-operator trips. These multi-operator trips can be confusing to plan and difficult to complete.
- Despite reduced fares on transit, some very low-income seniors have difficulty affording transportation.
- Many seniors cannot travel independently on transit.
- Transit services appropriate to seniors making local intra-community trips are often not available.

¹ U.S. Census Survey of Income and Program Participation, 1997.

Table 5-3 Actions to Address Transit Service Barriers

Actions	Lead Organizations
<ul style="list-style-type: none"> • Adopt design features that help seniors, such as improved lighting, simplified presentation of information, placement of stops and information, and ergonomic seating designed for older riders. • Partner with senior organizations to familiarize seniors with transit service using measures such as field trips, bus buddies and escorts, joint promotions with merchants, etc. • Address the needs of seniors in service planning. This may take the form of special senior planning efforts as well as addressing senior concerns in on-going transit service planning. • Ensure that seniors are represented on key transit agency advisory committees and senior issues are on their agendas. 	Transit agencies
Help seniors who are beginning to have trouble driving learn about transit service.	Transit agencies, DMV, CSAA, AARP, and community organizations.
Develop senior-friendly community bus services and shuttles. These may include demand responsive services such as flex-routes, and “service routes” that provide a higher level of personalized assistance.	Transit agencies, cities, counties, and community organizations.
Establish liaisons between transit agencies and Councils on Aging.	Cities and counties.

MTC Supportive Actions

- Provide information about successful model programs, including city-operated shuttles and services sponsored by homeowners’ associations or merchants.
- Contribute towards funding demonstrations of programs and services that improve access for seniors and help them take advantage of existing services.
- Conduct research and coordinate with research conducted by others to identify senior needs, priority routes and services, and service gaps.
- Explore whether flexibility can be created within state farebox recovery rules that would help transit operators maintain lower discounted fares for seniors and people with disabilities.

Partners: APTA, CTA

Paratransit and Supplemental Public Transportation

Paratransit includes the services operated by all transit agencies in compliance with the Americans with Disabilities Act (ADA). It also includes some demand-responsive services operated by cities. Eligibility for most paratransit services is based entirely on having a disability that prevents use of transit. Except in a few city-operated programs, age alone does not qualify a person for paratransit. Still, paratransit is an essential service for older adults, especially in the oldest age groups. Throughout the Bay Area, 73% of those registered for ADA paratransit are at least 65 years old and 58% are at least 75 years old. Of all seniors age 85 or older in the Bay Area, 28% are registered for ADA paratransit. “Supplemental public transportation” refers to a wide variety of services that help fill many of the gaps left by conventional transit and paratransit. These services include city-sponsored subsidized taxi programs, services operated by senior centers, volunteer programs that provide rides using private vehicles, and other transportation services operated by community organizations.

Providing ADA paratransit is proving very expensive for transit operators. ADA sets strict requirements for accommodating all requested trips with the result that operators around the Bay are seeing rapid increases in demand and cost. As shown in Chapter 3, the number of ADA eligible people in the region will increase by 63% by 2020. Because of the high cost of ADA paratransit, and the strict ADA requirements that define what it must do, supplemental services are likely to play an increasingly important role in meeting the mobility needs of older adults.

Barriers to Mobility Using Paratransit and Supplemental Transportation

- Because ADA paratransit is provided to “complement” fixed-route transit, it shares many of the limitations already noted for conventional transit service:
 - Many trips require transfers between operators, and centralization of medical services is increasing the need for multi-operator trips. These multi-operator trips can be even more confusing to plan and difficult to complete than similar trips on conventional transit.
 - Service is often limited or not available in outlying suburbs and rural areas.
- Many seniors cannot travel independently on paratransit. If driver assistance is limited, paratransit may not be usable by seniors who are particularly frail or subject to confusion.
- Paratransit fares, which are usually much higher than fixed-route transit fares, limit travel by low-income seniors.
- Limitations on subscription travel can require frequent reservations, which can be difficult for some seniors.

- Because supplemental services are often run by cities and community organizations, they are often not coordinated, have limited service available, and may be limited to travel within a city.
- Information on the full range of alternative modes, including transit, paratransit, and community-based services, can be difficult to find or confusing, especially when seniors first find they need they need alternatives.
- Small agencies and volunteers that provide rides are limited by concerns about liability, federal rules about drug testing and tax deductions, and difficulty recruiting volunteers.

Table 5-4 Actions to Address Paratransit and Supplemental Transportation Barriers

Actions	Organizations
<ul style="list-style-type: none"> • Develop escort programs to help frail seniors ride ADA paratransit without driver assistance. • Provide fare assistance for ADA paratransit to seniors with the most limited resources. • Enhance coordination among ADA paratransit services to facilitate inter-operator travel. • Expand and create new community-based programs – including those using volunteers – that provide personalized services and fill gaps not served by ADA paratransit. • Encourage organizations that begin new services to work within established provider frameworks. • Expand and create new taxi subsidy programs. • Increase the supply of accessible taxicabs. • Facilitate inter-city taxi travel by means of changes to regulations or public contracting for taxi-based services. • Develop coordinated information sources and make them widely available to people working with seniors. 	Transit agencies, cities, counties, and community organizations.
Experiment with programs that provide unsubsidized alternative services for seniors who can afford them.	Private companies and community organizations

MTC Supportive Actions

- Provide information about successful model programs (e.g., fare assistance through the San Francisco Helping Wheels Fund, SamTrans Fare Assistance, faith-based volunteer programs, city-based paratransit services, escort and bus buddy programs).
- Contribute towards funding demonstrations, for example of coordinated provision and distribution of information.

- Support legislation and regulatory changes to increase the viability of volunteer programs.
- Continue to facilitate the development of inter-operator coordination mechanisms for ADA paratransit.

Walking (including wheelchair access) and Bicycling

Walking (including travel by wheelchair) is sometimes overlooked in discussions about alternatives to driving. However, for short trips, walking is one of the most important ways that seniors travel, especially in urban areas. In the workshops, pedestrian safety was one of the most important concerns of participants from urban areas. In the Bay Area, 12.5% of all trips by people age 65 and older are made by walking.² Most transit trips require a walk to and/or from a transit stop.

Even though bicycling is not currently a major mode of travel for older adults, it does have a role to play. Tricycles are used by many older people for short trips within their communities. For planning and funding purposes, bicycling is commonly linked to walking as “non-motorized” transportation. Citizen advisory bodies often address the two issues together. Many bicycle advocates believe that, with appropriate planning and facility design, bicycling could be a more significant mode for seniors in the future than it is today.

Barriers to Mobility by Walking and Bicycling

- Missing, narrow, or poorly maintained sidewalks expose pedestrians (including wheelchair users) to dangerous traffic and make walking more difficult.
- Intersection layouts and traffic signals often create hazardous conditions for older pedestrians, transit users, and bicyclists. Examples of problem situations can include missing or faded crosswalks, short walk times, wide streets without safety islands, separate right turn lanes, and right turns on red in areas with pedestrian traffic.
- Lax enforcement of traffic and parking regulations also creates hazardous conditions.
- Pedestrian barriers make it difficult for seniors to use public transportation.

² 1990 MTC Travel Survey (presentation by Chuck Purvis at the Mobility Matters Conference).

Table 5-5 Actions to Address Walking and Bicycling Barriers

Actions	Organizations
<ul style="list-style-type: none"> • Incorporate design guidelines to accommodate older pedestrians in road and intersection design. (FHWA has published such guidelines and Caltrans is currently developing them.) • Implement measures that favor older pedestrian safety such as pedestrian activated longer crossing signals, audible crossing signals, countdown signals, regular repainting of crosswalks. • Incorporate senior safety and transit access issues in prioritizing and designing local street and intersection improvements. 	Cities, counties, Caltrans, UC Traffic Safety Center
<ul style="list-style-type: none"> • Develop comprehensive pedestrian safety plans • Enforce parking and traffic laws that affect pedestrian safety. • Incorporate senior mobility concerns in bicycle planning. 	Cities and counties
Include older pedestrian issues in driver education.	DMV, CSAA
Work with healthcare providers, including county programs, to incorporate maintaining the ability to walk to transit stops as an element of senior fitness programs.	Transit providers and healthcare providers.

MTC Supportive Actions

- Continue to address senior issues through Safety TAP and the Regional Pedestrian Committee.
- Support implementation of the Pedestrian Safety Act of 2000.
- Conduct research to identify critical locations that require pedestrian safety improvements.
- Participate in statewide efforts, such as the California Taskforce on Older Adults and Traffic Safety and activities sponsored by the UC Traffic Safety Center.
- Include best practices and/or model ordinances in a Toolkit document for local jurisdictions.

Partners: CSAA, California Walks, local advocacy groups, Institute of Transportation Engineers, UC Traffic Safety Center.

Medical transportation

Medical trips are numerically a small part of total local travel, even for older adults, but they are particularly important trips. Medical trips account for a large part of the ridership on most paratransit services. Two large programs have a big impact on seniors' options for medical trips. One is the federal Medicare program, which covers almost all people over the age of 65, as well as some people with disabilities. A second is Medi-Cal, the California version of the federal-state Medicaid program for low income and disabled

individuals. Rules established by these programs define what trips can be paid for, and also largely determine what kinds of service are provided by private operators, regardless of payment source. The Veterans Administration also provides medical transportation.

Barriers to Medical Transportation

- Under federal rules, Medicare will not pay for non-ambulance transportation.
- Under State rules, Medi-Cal pays for non-emergency transportation only for individuals who need a lift van or ambulance (and will not fund less expensive alternatives even if they are more appropriate for the user).
- Affordable transportation for hospital discharges and routine medical care is not available.

Table 5-6 Actions to Address Medical Transportation Barriers

Actions	Organizations
<ul style="list-style-type: none"> • Support expanded transportation coverage within Medicare (e.g. , for dialysis, cancer treatment, hospital discharge). • Develop coordinated transportation services within those parts of Medi-Cal that do allow for flexibility, especially programs that help avoid institutionalization. 	Transit agencies, adult day service agencies, State Departments of Aging and Health Services

MTC Supportive Actions

- Research opportunities for Home and Community Based Services waiver programs within Medi-Cal. (These programs reduce medical cost through timely provision of non-medical services, and can be combined with local funds to provide transportation at no cost to the state.)
- Research options and costs of expanded Medicare coverage.
- Participate in state and national discussions of transportation and long term care.

Partners: California Association of Adult Day Services, CalACT, other transportation planning agencies, CTAA.

Driving

The main focus of this study has been alternatives to driving. However, no discussion of senior mobility can be complete without recognizing the key role of travel by seniors in their own personal vehicles. Nationally, persons age 65 and older use personal vehicles

for about 90% of their local travel.³ As people get older they drive less, but their preferred way to travel then is by getting rides from family (often a spouse) and friends. Within the federal Department of Transportation, making driving as safe as possible for elders, as late in life as possible, is the cornerstone of a national agenda to provide “safe mobility for life.” Local and regional agencies have little ability to influence the design of automobiles and most highways. But they are responsible for building and maintaining most of the streets and intersections that people use for local travel.

Barriers to Mobility by Driving

- Seniors have more difficulty driving as they get older.
- Roads, signage, and vehicles are mainly designed for younger drivers.
- For seniors who cannot drive themselves, the availability of rides is limited by reduced driving ability of senior spouses, distance from other family members, social isolation, and reluctance to impose on others.
- Potential ride givers have limited time, especially for long and time-consuming medical trips.

Table 5-7 Actions to Address Driving Barriers

Actions	Organizations
Educate seniors about safe driving and driving limitation.	DMV, AARP, CSAA
Incorporate awareness of older drivers in driver education.	DMV, CSAA
Incorporate senior-friendly design guidelines in road and intersection design.	Caltrans, UC Traffic Safety Center, counties, and cities.
Incorporate features for senior drivers in vehicle designs.	Auto manufacturers, federal and state regulators, NHTSA.

MTC Supportive Actions

- Advocate in favor of these measures.

Development and Design

The way that streets, housing, and businesses are designed is one the main things that determines where people live, how they need to travel, and how well different modes of travel work.

³ Oak Ridge National Laboratory, 1995 *NPTS Databook*, Office of Highway Policy Information, October 2001 (ORNL/TM-2001/248).

Development and Design Barriers

- Seniors are limited by mobility problems within their homes or between their front door and the street.
- Suburban areas, especially new developments, including ones created specifically for seniors, lack transportation services and often have characteristics that make it difficult to access transportation and other services.
- Many newer commercial developments, even in established developed areas, lack provision for transit riders and are laid out in ways that are difficult and dangerous for pedestrians and transit users.
- Senior living facilities are often located in places with poor access to transportation services.
- Many seniors live in areas on the fringe of the suburbs where transportation services are lacking or limited.
- Services that seniors need to reach are often located in places that are hard to reach by public transportation.

Table 5-8 Actions to Address Development and Design Barriers

Actions	Organizations
<ul style="list-style-type: none"> • Incorporate senior mobility in regional land use planning guidelines 	ABAG
<ul style="list-style-type: none"> • Adopt planning and design guidelines for new residential and commercial developments (especially those created specifically for seniors) that provide pedestrian access and allow for convenient access to transit and paratransit. Include these issues in the design review process. • Implement requirements or fees for senior developments to support transportation services. 	Cities, counties
<ul style="list-style-type: none"> • Provide assistance to seniors in making home modifications to increase access to paratransit and other supplemental transportation programs. 	County agencies on aging and health, cities, community organizations.
<ul style="list-style-type: none"> • Educate seniors about how their location decisions will affect mobility when they can no longer drive. 	County agencies on aging, community organizations.

MTC Supportive Actions

- Encourage cities, counties, transit agencies and others to develop projects that address senior mobility within MTC's Transportation for Livable Communities (TLC) program. The TLC program provides planning and capital grants for projects that: 1) encourage pedestrian, transit and/or bicycle trips; 2) provide for compact development of housing and downtowns/regional activity centers; 3) are

part of a community's development or redevelopment activities and; 4) enhance a community's mobility, identity and quality of life.

- Share information regarding improved design guidelines and development review processes, such the one now being implemented in Contra Costa County.

Partners: ABAG, California Senior Legislature, other Metropolitan Planning Organizations, organizations that advocate pedestrian-oriented design.

Recommendations for MTC

As mentioned above, most of the actions that can preserve and enhance senior mobility can only be implemented by entities other than MTC. These entities include cities, counties, transit agencies, community organizations, state and federal agencies, and private citizens. However, MTC, as a regional planning agency, can support and advance efforts by these other entities. As described earlier, possible steps by MTC include:

- Develop, support or influence legislation at the state and federal levels.
- Seek or advocate for additional sources of funding.
- Conduct research about needs and coordinate with the research conducted by others.
- Collect and disseminate information about promising services and programs.
- Sponsor demonstrations in partnership with others.
- Incorporate senior mobility into existing MTC programs and planning efforts.
- Sponsor events to increase awareness of senior mobility issues and strategies.

As a regional planning organization, MTC's supportive actions are best directed towards efforts specific to funding, advocacy and planning; many of these actions are ongoing or long-term in nature. MTC can also support and recognize the efforts of transit agencies or other local programs providing services to seniors, and can take some practical, more immediate steps to advance the findings of this plan. Specific recommended actions are summarized below:

1. Funding Advocacy: Include senior mobility concerns in developing MTC's positions with respect to federal, state, and regional funding measures.

- As MTC accelerates its advocacy efforts for reauthorization of TEA 21, ensure that the Bay Area Congressional delegation is aware of the growing population of older adults, and the corresponding need for additional funding to assist persons when they can no longer drive.
- Based on the findings of this report, develop Fact Sheets or other advocacy tools that can be used to document the growing transportation needs of the elderly and

others with mobility impairments. Support statewide, regional or local funding measures that would designate funds for this purpose.

2. Legislative Advocacy: Identify senior mobility as a priority issue to be tracked in MTC's legislative program.

- Legislative concerns, in addition to transportation authorizations, may include changes to the Older Americans Act, Medicare, and Medicaid. Specific issues may include funding, requirements for transportation within aging-related programs, and further steps to enable coordination. As part of this, analyze positions taken by organizations that advocate specifically for seniors to determine areas of common interest.
- Work with CalACT to track proposals for changes to state laws and regulations that may impact senior mobility. Potential areas of concern include drug testing requirements for volunteer drivers, tax treatment of volunteer mileage, volunteer liability, and treatment of senior and disabled discounted transit fares in state farebox recovery rules.
- Track evolving policy issues at the national and state level that will impact options for senior mobility, including proposals for modifying Medicare and long-term care.

3. Planning: Advance the agency's understanding of this topic through relevant planning efforts

- Adopt policy/vision statements as part of the Regional Transportation Plan (RTP) when it is next updated in 2004. The RTP can recognize the growing need to address mobility for older people, define the specific nature of the need that distinguishes it from other concerns, and set a goal of maintaining safe mobility for older drivers, pedestrians, transit users, and people who can no longer drive due to age-related conditions.
- Using available regional travel data, continue to conduct analyses of senior travel patterns within the Bay Area to help guide local planning efforts and identify critical needs for inter-operator coordination. Identify senior mobility concerns relevant to the design of future regional travel surveys.
- Publish a toolkit with information about successful efforts to promote senior mobility with examples from the Bay Area and elsewhere. The toolkit would focus on efforts that can be implemented by local agencies and organizations in the Bay Area. Topics may include:
 - Improved availability and distribution of information about transportation services for older adults.
 - Programs to help seniors become comfortable with using transit and use it effectively.
 - City-operated supplemental transportation, such as shuttle services and taxi subsidies.

- Volunteer ride programs that demonstrate ways to keep volunteers involved and address concerns such as liability.
- Transportation services sponsored by homeowners associations, merchants, hospitals, or other businesses.
- Paratransit fare assistance programs.
- Paratransit escort programs.
- Programs to assist making modifications of residences to permit access to transportation.
- Local ordinances or guidelines that prioritize safety improvements that will help seniors.
- Local ordinances or planning processes intended to incorporate senior mobility concerns in determining how new developments, facilities, and services are located and designed.
- Changes to taxi regulations to facilitate travel between jurisdictions and increase the supply of accessible services.
- Hold a significant public event similar to Mobility Matters approximately once every two years, and update the plan to reflect progress on implementation efforts.

4. Coordination: Develop and build upon partnerships to jointly plan for and implement service improvements.

- Actively participate in the development of the California Commission on Aging's recommendations specific to transportation for submittal to the Department on Aging's Long Range Strategic Plan for Aging.
- Seek out and build upon opportunities to partner with social service agencies or non-profit organizations to promote collaborative planning, development of policies, legislative strategies, funding advocacy, etc.
- Participate in the state planning process for implementing the Olmstead Decision, and continue discussions with adult day service providers, the state Department of Aging, and the state Department of Health Services to implement a demonstration of non-medical transportation under the Home and Community-Based Services waiver program.
- Within MTC, coordinate efforts regarding pedestrian and traffic safety issues. Bring plans and projects related to pedestrian and traffic safety to the attention of EDAC on a regular basis and encourage continued participation by senior advocates. Encourage EDAC to provide guidance on senior mobility issues in general as articulated in this plan.
- Continue to facilitate the development of inter-operator coordination mechanisms for ADA paratransit.

- Communicate the findings of the Older Adults Transportation Study with partner agencies, including Bay Area transit agencies, cities and counties, Congestion Management Agencies (CMAs), etc. Present key findings to interested groups such as the Bay Area Partnership, Partnership Transit Coordination Committee (PTCC), etc.
- Within MTC's Transportation for Livable Communities program, encourage applications for projects that improve the ability of seniors to maintain mobility when they can no longer drive.
- Following completion of the Toolkit (Planning recommendation No. 3), partner with others on further research on promising concepts, as well as demonstrations that can lead to permanent implementation of promising concepts from the toolkit.